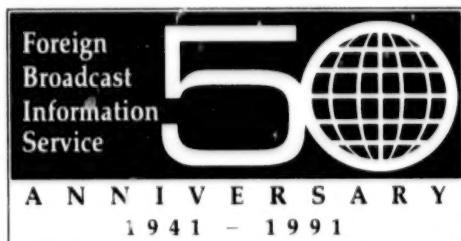


JPRS-TEP-91-021
17 OCTOBER 1991



JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-91-021

CONTENTS

17 October 1991

[Recent materials on AIDS is being published separately in a later issue.]

SUB-SAHARAN AFRICA

REGIONAL AFFAIRS

Emergency Medical Services To Other Countries Rising
[Johannesburg SABC TV 1 Network, 25 Aug 91] 1

ANGOLA

Parasitical Disease Kills 800 People During 1980's [Luanda ANGOP, 3 Sep 91] 1

CHAD

Cholera Claims 89 Lives in Two Localities [N'djamena RNT Radio, 24 Aug 91] 1

GHANA

Radio Reports 10,500 Cholera Cases, 300 Dead Since Jan 91
[Accra Ghana Broadcasting Corporation Radio Network, 24 Aug 91] 2

KENYA

Thirty-six Deaths in Mtwara of Cholera, Diarrhea [Nairobi THE KENYA TIMES, 24 Jun 91] 2

MADAGASCAR

AFP Reports Plague, Injuries in Mahajanga [Paris AFP, 17 Aug 91] 2

MOZAMBIQUE

Malaria Kills 11 People at Inhambane Hospital Over 6 Months
[Maputo Radio Mozambique Network, 20 Aug 91] 2
Tambara Residents Affected by Malnutrition, Measles
[Maputo Radio Mozambique Network, 5 Sep 91] 2
Cabo Delgado—Measles Kills 17 People Jan-Jun 91
[Maputo Radio Mozambique Network, 14 Sep 91] 2
Two Die of Cholera in Cahora Bassa District [Maputo Radio Mozambique Network, 6 Sep 91] 2
Health Ministry Cites Causes for High Child Mortality Rate
[Maputo Radio Mozambique Network, 24 Aug 91] 3

NAMIBIA

Official Denies Allegations of Bubonic Plague Outbreak
[Windhoek Namibian Broadcasting Corporation Network, 9 Sep 91] 3

NIGERIA

Over 6,000 Cholera Deaths for 1991 [Paris AFP, 15 Sep 91] 3

SOUTH AFRICA

Meningitis Outbreak in Eastern Transvaal
[Carina le Grange; Johannesburg THE STAR, 3 Sep 91] 3

| | |
|--|---|
| Tuberculosis Epidemic Killing 35 Daily /Umtata Capital Radio, 4 Sep 91/ | 4 |
| Lentegleur Psychiatric Hospital Lifts Quarantine Measure /Johannesburg South African Broadcasting Corporation Network, 10 Sep 91/ | 4 |

SWAZILAND

| | |
|--|---|
| Malaria Official Reports on Problem Areas /Vusie Ginindza; Mbabane THE SWAZI NEWS, 31 Aug 91/ | 4 |
| Specialist Reports on Tuberculosis Cases /Vusie Ginindza; Mbabane THE SWAZI NEWS, 31 Aug 91/ | 4 |

TANZANIA

| | |
|--|---|
| Cholera Deaths in Dar es Salaam Prison /John Kulekana; Dar es Salaam DAILY NEWS, 18 Jun 91/ | 5 |
| Twelve Cholera Deaths in Mara Region /Dar es Salaam DAILY NEWS, 1 Jul 91/ | 5 |
| Meningitis Outbreak Kills 151 in Northern Tanzania /Paris AFP, 18 Aug 91/ | 6 |
| Fifteen Meningitis Deaths in Mara Region /Dar es Salaam Radio Tanzania Network, 29 Aug 91/ | 6 |

ZAMBIA

| | |
|---|---|
| Ten Dead in New Cholera Outbreak in Northern Province /Johannesburg SAPA, 23 Aug 91/ | 6 |
| Cholera Kills 6 People in Kasama Area /Lusaka Zambia National Broadcasting Corporation Network, 14 Sep 91/ | 6 |

ZIMBABWE

| | |
|--|---|
| Health Minister Says Over 100 Doctors Have Left Country /Johannesburg Radio RSA, 23 Aug 91/ | 6 |
|--|---|

CHINA

| | |
|--|---|
| Snail Fever Returns to Mao's Province /Alan Nip; Hong Kong THE HONG KONG STANDARD, 31 Jul 91/ | 7 |
|--|---|

EAST ASIA

CAMBODIA

| | |
|---|---|
| About 600 Cholera, Dengue Victims May-Jun in Banteay Meanchey /Phnom Penh SPK, 17 Aug 91/ | 8 |
| Dengue Fever Spreading Among Children in Kandal Province /Phnom Penh Samleng Pracheachon Kampuchea Radio Network, 10 Sep 91/ | 8 |
| Spread of Malaria in Kompong Cham Province /Phnom Penh SPK, 9 Sep 91/ | 8 |

HONG KONG

| | |
|--|---|
| Second Cholera Case in 1991 /Hong Kong SOUTH CHINA MORNING POST, 6 Aug 91/ | 8 |
|--|---|

JAPAN

| | |
|--|---|
| New Cholera Case Tipped as 17th Victim of Outbreak /Tokyo KYODO, 4 Sep 91/ | 8 |
| Two Cholera Patients Found at Narita Airport /Tokyo KYODO, 7 Sep 91/ | 9 |

NORTH KOREA

| | |
|--|---|
| WHO Says Cholera Not Legal Grounds for Talks Postponement /Seoul YONHAP, 24 Aug 91/ | 9 |
|--|---|

SOUTH KOREA

| | | |
|--|---|----|
| Number of Cholera Victims Reaches 100 | <i>[Seoul YONHAP, 19 Aug 91]</i> | 9 |
| Cholera Germs Found in Sewage, Sea Water Near Kunsan | <i>[Seoul YONHAP, 20 Aug 91]</i> | 9 |
| Cholera Spreading in South | <i>[Pyongyang KCNA, 26 Aug 91]</i> | 10 |
| Cholera Affects South Fishermen, Restaurant Business | <i>[Pyongyang KCNA, 2 Sep 91]</i> | 10 |
| Authorities Say Cholera Epidemic Spreading | <i>[Seoul THE KOREA HERALD, 4 Sep 91]</i> | 10 |
| Two More Cholera Cases Confirmed in Pusan | <i>[Seoul YONHAP, 9 Sep 91]</i> | 10 |

LAOS

| | | |
|--|--|----|
| Malaria Prevalent in Thoulakhom District | <i>[Vientiane KPL, 20 Aug 91]</i> | 10 |
| Malaria Outbreak in Luang Namtha Kills 'Some Children' | <i>[Vientiane KPL, 30 Aug 91]</i> | 10 |
| Deaths From Malaria Continues to Increase | <i>[Vientiane Vittayou Hengsat Radio Network, 13 Sep 91]</i> | 11 |
| Report Says Haemorrhagic Fever Prevalent Nationwide | <i>[Vientiane Vittayou Hengsat Radio Network, 12 Sep 91]</i> | 11 |
| Domestic Animals Killed by Diseases in Luang Namtha | <i>[Vientiane KPL, 31 Aug 91]</i> | 11 |

VIETNAM

| | | |
|---|---|----|
| Malaria Plagues Duyen Hai District | <i>[Ngoc Vinh; Ho Chi Minh City TUOI TRE, 11 May 91]</i> | 11 |
| Antimalaria Efforts Increased by Province | <i>[Hanoi Voice of Vietnam Network, 18 Aug 91]</i> | 12 |
| Lac Thuy District Steps Up Measures Against Malaria | <i>[Hanoi Voice of Vietnam Network, 16 Sep 91]</i> | 13 |
| Efficient Measures Needed To Fight Planthoppers | <i>[Quang Hoan, Ngu Phong; Hanoi NHAN DAN, 20 May 91]</i> | 13 |

EAST EUROPE

BULGARIA

| | | |
|-----------------------------------|--|----|
| 1 Hepatitis in Southwest Bulgaria | <i>[Sofia DEMOKRATSIYA, 26 Aug 91]</i> | 15 |
|-----------------------------------|--|----|

ROMANIA

| | | |
|--|---------------------------------------|----|
| Health Ministry Cites 50 Cholera Cases | <i>[Bucharest ROMPRES, 29 Aug 91]</i> | 15 |
|--|---------------------------------------|----|

LATIN AMERICA

ARGENTINA

| | | |
|---|---|----|
| Health Minister Says Measles Outbreak Controlled | <i>[Buenos Aires Radio Nacional Network, 16 Aug 91]</i> | 16 |
| Two More Infants Die of Measles in Buenos Aires | <i>[Buenos Aires BUENOS AIRES HERALD, 18 Aug 91]</i> | 16 |
| Measles Cases Reportedly Total 5,000 With 19 Fatalities | <i>[Buenos Aires NOTICIAS ARGENTINAS, 23 Aug 91]</i> | 16 |
| Measles Epidemic Kills 41 Children | <i>[Madrid EFE, 7 Sep 91]</i> | 16 |

BOLIVIA

| | | |
|---|---|----|
| Health Ministry Confirms First Death Due to Cholera | <i>[La Paz Radio Fides Network, 2 Sep 91]</i> | 16 |
| Government Official Reports Low Rate of Cholera Cases | <i>[La Paz Television Boliviana Network, 5 Sep 91]</i> | 16 |
| Presence of Dangerous Cholera Bacteria Confirmed | <i>[Madrid EFE, 9 Sep 91]</i> | 17 |
| Two More Cholera Cases Confirmed in Rio Abajo | <i>[La Paz Television Boliviana Network, 10 Sep 91]</i> | 17 |
| Cholera Spread Apparently Under Control | <i>[La Paz Radio Fides Network, 11 Sep 91]</i> | 17 |

BRAZIL

| | | |
|---|---|----|
| Fifty-one Cholera Cases Reported | <i>[Sao Paulo O ESTADO DE SAO PAULO, 20 Aug 91]</i> | 17 |
| Six More Cases of Cholera Confirmed in Alto Solimoes | | |
| <i>[Brasilia Radio Nacional da Amazonia Network, 24 Aug 91]</i> | 17 | |
| Nine New Cholera Cases in Amazonia | | |
| <i>[Brasilia Radio Nacional da Amazonia Network, 28 Aug 91]</i> | 17 | |
| Government Concerned About Cholera, Lack of Hospitals | | |
| <i>[Brasilia Radio Nacional da Amazonia Network, 7 Sep 91]</i> | 17 | |
| Health Ministry Reports 129 Cholera Cases in Amazonas | | |
| <i>[Brasilia Radio Nacional da Amazonia Network, 14 Sep 91]</i> | 17 | |

CHILE

| | | |
|---|----|--|
| State of Emergency Along Bolivian Border Due to Cholera | | |
| <i>[Santiago Radio Nacional de Chile Network, 2 Sep 91]</i> | 18 | |

COSTA RICA

| | | |
|--|--------------------------------------|----|
| Health Ministry Issues Statistics for Measles Epidemic | <i>[Panama City ACAN, 14 Sep 91]</i> | 18 |
|--|--------------------------------------|----|

GUATEMALA

| | | |
|--|--------------------------------------|----|
| Health Authorities Report New Epidemic | <i>[Panama City ACAN, 14 Aug 91]</i> | 18 |
|--|--------------------------------------|----|

HONDURAS

| | | |
|--|--------------------------------------|----|
| Health Ministry Lacks Funds To Fight Dengue Epidemic | <i>[Panama City ACAN, 11 Sep 91]</i> | 19 |
|--|--------------------------------------|----|

MEXICO

| | | |
|--|-------------------------------|----|
| Information on Cholera Epidemic Ordered Withheld | <i>[Madrid EFE, 6 Sep 91]</i> | 19 |
|--|-------------------------------|----|

PANAMA

| | | |
|---|----|--|
| Minister Confirms Cholera in Darien Province | | |
| <i>[Panama City Circuito RPC Television, 13 Sep 91]</i> | 20 | |

PARAQUAY

| | | |
|---|----|--|
| Leishmaniasis Affects 1,000 in San Pedro de Ycuamandiyu | | |
| <i>[Asuncion ULTIMA HORA, 2 Sep 91]</i> | 20 | |

URUQUAY

| | | |
|---|--------------------------------|----|
| First Victim of Measles Outbreak Registered | <i>[Madrid EFE, 22 Aug 91]</i> | 20 |
|---|--------------------------------|----|

NEAR EAST & SOUTH ASIA

BANGLADESH

| | | |
|--|---|----|
| Diarrhea Epidemic in Southeast | <i>[Dhaka THE BANGLADESH OBSERVER, 20 Jul 91]</i> | 21 |
| Unknown Virus Attacks Cattle, Thousands Affected | <i>[Dhaka THE NEW NATION, 2 Aug 91]</i> | 21 |

INDIA

| | | |
|--|---|----|
| Reportage on Gastroenteritis, Related Diseases | | |
| Maharashtra Committee | <i>[Bombay THE TIMES OF INDIA, 26 Jul 91]</i> | 21 |
| Epidemic in Andhra Pradesh | <i>[Bombay THE TIMES OF INDIA, 24 Jul 91]</i> | 22 |
| Gastroenteritis, Cholera in Madhya Pradesh | <i>[New Delhi PATRIOT, 17 Jul 91]</i> | 22 |

| | | |
|--|--|----|
| Fifty-four New Cholera Cases Within Past 6 Days | <i>[Baghdad INA, 28 Aug 91]</i> | 22 |
| Fifty-Two Choleral Cases in Governorates | <i>[Baghdad INA, 4 Sep 91]</i> | 22 |
| Cholera, Blindness Cases Up; Water Contaminated | <i>[Baghdad INA, 5 Sep 91]</i> | 22 |
| More Cholera Cases Reported in Governorates | <i>[Baghdad INA, 11 Sep 91]</i> | 23 |
| Fatalities, Communicable Diseases in Dhi Qar | <i>[Baghdad INA, 2 Sep 91]</i> | 23 |
| Health Official Says 14,333 Children Dead From Embargo | <i>[Baghdad INA, 26 Aug 91]</i> | 23 |
| Doctor Blames Miscarriages on U.S. Overflights, Embargo | <i>[Baghdad INA, 4 Sep 91]</i> | 23 |
| Over 2 Million Diarrhea Cases Registered; Polio Cases Rise | <i>[Baghdad AL-THAWRAH, 30 Aug 91]</i> | 24 |
| Over 15,000 Typhoid Cases Registered Since January | <i>[Baghdad INA, 9 Sep 91]</i> | 24 |
| Health Ministry Blames 936 Malaria Cases on Embargo | <i>[Baghdad INA, 14 Sep 91]</i> | 24 |

SYRIA

| | | |
|--|---------------------------------------|----|
| Health Minister Explains Efforts to Combat Leishmaniasis | <i>[Damascus AL-BA'TH, 25 Aug 91]</i> | 24 |
|--|---------------------------------------|----|

SOVIET UNION

| | | |
|-------------------------------------|--|----|
| Disease Statistics | <i>[Moscow VESTNIK STATISTIKI, No 12, Jan 91]</i> | 26 |
| Cholera Cases in Odessa Region | <i>[Vladimir Novak; Moscow TASS, 26 Aug 91]</i> | 29 |
| Serious Meningitis Outbreak Spreads | <i>[Moscow All-Union Radio Mayak Network, 15 Aug 91]</i> | 30 |

WEST EUROPE

DENMARK

| | | |
|--|--|----|
| Greenland Public Health System Assessed | <i>[Nuuk GRONLANDSPOSTEN, 12 Jul 91]</i> | 31 |
| Salmonella in Meat Exported to Sweden | <i>[Copenhagen BERLINGSKE SONDAG, 28 Jul 91]</i> | 32 |
| Canine Distemper Near Epidemic in Jylland | | |
| <i>[Jesper Elle; Copenhagen BERLINGSKE TIDENDE, 26 Jul 91]</i> | | 32 |

IRELAND

| | | |
|---|---|----|
| Hospital Staffing at Crisis Point | <i>[Liz Allen; Dublin IRISH INDEPENDENT, 4 Jul 91]</i> | 33 |
| Bonamia Disease Threatens Galway Oysterbeds | <i>[Dublin IRISH INDEPENDENT, 12 Jul 91]</i> | 33 |
| Status of Bovine Tuberculosis | <i>[Frank Mulrennan; Dublin IRISH INDEPENDENT, 23 Jul 91]</i> | 33 |
| Tests Show TB-Infected Cows Remain in Herds | | |
| <i>[Geraldine Collins; Dublin IRISH INDEPENDENT 5 Jul 91]</i> | | 34 |

PORUGAL

| | | |
|--|---|----|
| Latest Statistics on Infectious Diseases | <i>[Lisbon DIARIO DE NOTICIAS, 24 Jul 91]</i> | 34 |
|--|---|----|

UNITED KINGDOM

| | | |
|--|--|----|
| Woman Dies From Effects of Mad Cow Disease | | |
| <i>[London THE DAILY TELEGRAPH, 7 Aug 91]</i> | | 34 |
| Dangers of Disease From Rat Infestation | | |
| <i>[David Lovibond; London THE SUNDAY TELEGRAPH, 4 Aug 91]</i> | | 35 |
| Farmers Warned of Bovine Leptospirosis | <i>[Leeds YORKSHIRE POST, 20 Jul 91]</i> | 35 |

REGIONAL AFFAIRS

Emergency Medical Services To Other Countries Rising

MB2508195091 Johannesburg SABC TV 1 Network in English 1800 GMT 25 Aug 91

[Text] A rapidly deteriorating medical infrastructure in central Africa, coupled with the escalating AIDS problem, is putting heavy pressure on South Africa's mercy flight systems.

Medical rescue organizations are dealing with as many as 30 calls a month to evacuate emergency cases from African countries. [Begin video recording]

SABC reporter Arlene Wainstein: You may have to dial a lengthy code, and the number's different, but this is central Africa's version of 911. With a First World medical service and highly respected medical team, South Africa has become the only place to call when there's a medical emergency in surrounding countries. And the number of cases being brought here for treatment is growing by the day.

Paul Davis from Medical Rescue Institute: We cannot support our medical system, let alone the medical systems of countries in our neighborhood, but we can be good neighbors. We can certainly offer people in those countries the kind of level of care that is available here.

Wainstein: The combined problems of the burgeoning population and the spread of AIDS have already placed too much pressure on Africa's limited resources. And most countries are battling to provide basic health care. Anything more is out of the question.

Munro Deysel from Europ Assistance: We brought a patient out from Angola, the other day, actually the person went into renal failure because there was not enough drinking water in the hospital for the patients. That's the kind of practical problems that they have.

Wainstein: The escalation in the number of cases is also partly due to the changing political situation which has made Africa far more accessible to South African visitors. But mercy flights have never had a real problem crossing borders.

Deysel: When you have somebody with a head injury or a heart attack it cuts, and seems to cut across any political considerations. We've brought out government ministers, and members of parliament, from various central African countries because of that reason.

Wainstein: The ever present AIDS threat means that medical teams on the flights have to take special precautions every time they treat a patient. But the growing AIDS problem could mean that there will be an even greater demand for South African medical expertise.

Unidentified doctor: A lot of patients actually request that we come up, and they're not seen by the local

doctors until we come up, so a lot of urgent work is done by us in that particular context. South Africa's role is really to take in the specialized cases because we have the infrastructure and the facilities, and offer as much advice to the African countries as we can. I don't think we could take the entire burden on our shoulders. [end recording]

ANGOLA

Parasitical Disease Kills 800 People During 1980's

MB0409113391 Luanda ANGOP in Portuguese 1920 GMT 3 Sep 91

[Text] In Luanda today, a health source told the ANGOLAN PRESS AGENCY [ANGOP] that more than 800 persons died of trypanosomiasis in Angola during the 1980's.

Jose Nando Theophile, director of National Program for the Prevention and Control of Trypanosomiasis, said that 2,000 cases were reported annually.

He added that 800 persons affected by sleeping sickness are undergoing treatment, though the number of cases could be higher. Theophile said that lack of regular health prevention measures and the free movement of mobile teams during the 16-year war made it difficult to detect many cases.

A three-pronged program is underway to fight the disease. It includes regular health care, preventive treatment, and migration control.

CHAD

Cholera Claims 89 Lives in Two Localities

AB2608093191 Ndjamen RNT Radio in French 1900 GMT 24 Aug 91

[Text] Cholera is rampant in Ouaddai and Biltine Provinces. Eighty nine deaths and 897 cases are reported in those two districts. The situation is alarming and to help ease it a medical team left Ndjamen a few days ago for those two regions to assist local health officials there. Our fellow reporter, Lakoura Sandinang, was part of this delegation. According to him, the situation was much more alarming since poor roads made it difficult to send the six tonnes of drugs to the affected areas. Abeche and neighboring areas, including Biltine, have, like the capital and rest of the country, been experiencing the same problems due to rain. [Word indistinct] have been turned into real streams sweeping away everything on their path.

In the face of such a situation, health officials have advised people to observe strict hygiene rules. In this regard, sensitization teams have been set up.

GHANA

Radio Reports 10,500 Cholera Cases, 300 Dead Since Jan 91

AB2508174591 Accra Ghana Broadcasting Corporation Radio Network in English 0600 GMT 24 Aug 91

[Excerpt] The Ghana Registered Midwives Association and the Ghana Social Marketing Program have organized a rally on public health education at New Somanya in the Eastern Region. It was part of a program to increase public awareness about the causes and prevention of diarrheal diseases, especially in the rural areas.

In a speech read for him, the district coordinator, director of the Yilo Krobo District Assembly, Mr. G. G. Anum, said recent increase in reported cases of cholera is a source of serious concern to policy makers and health care personnel. According to him, nearly 10,500 cases have been reported throughout the country since last January and 300 have died. [passage omitted]

KENYA

Thirty-six Deaths in Mtwara of Cholera, Diarrhea

91WE05064 Nairobi THE KENYA TIMES in English 24 Jun 91 p 5

[Article: "36 Die of Cholera"]

[Text] Thirty-six people died of cholera and diarrhoea in Mtwara District between December 1990 and April 1991, a government official said in Mtwara yesterday.

The official said during the period under review, the killer diseases had struck 29 villages in the district affecting more than 1,335 people.

Cholera and diarrhoea outbreak has been attributed to poor sanitary conditions particularly the absence of pit latrines in the district's rural villages.

Over 301 people in the affected villages were prosecuted for allegedly failing to dig latrines around their houses, the official said.

Out of the district's family population of 37,531, only 25,145 have pit latrines while 12,386 help themselves in bushes surrounding their houses.

MADAGASCAR

AFP Reports Plague, Injuries in Mahajanga

AB1708112491 Paris AFP in English 1053 GMT 17 Aug 91

[Excerpt] ANTANANARIVO, Aug 17 (AFP)—Bubonic plague has hit Madagascar's main northern port, Mahajanga, where some 20 people suffering from the often fatal disease have been hospitalised, French doctors said Saturday.

Three doctors working for the French medical charity Medecins du Monde in Mahajanga, contacted by radio from here, said they had seen the patients and there was no doubt that they were suffering from plague. Madagascar frequently suffers outbreaks of plague. [Passage omitted]

MOZAMBIQUE

Malaria Kills 11 People at Inhambane Hospital Over 6 Months

MB2008191491 Maputo Radio Mozambique Network in Portuguese 1730 GMT 20 Aug 91

[Text] Malaria has killed 11 people at the Inhambane Provincial Hospital over the last six months. More than 390 malaria cases were also detected at that hospital during the same period. That disease has greatly affected children in the under five age group.

Tambara Residents Affected by Malnutrition, Measles

MB0509142091 Maputo Radio Mozambique Network in Portuguese 1030 GMT 5 Sep 91

[Text] An average of two people die of malnutrition in Tambara District, Manica Province, every week. The Tambara District administrator has revealed that 7,700 people are totally dependent on small quantities of donations distributed by the Department for the Prevention and Control of Natural Disasters.

Apart from malnutrition, Tambara peasants have also been hit by other diseases, such as diarrhea and measles. Radio Mozambique in Manica reported that 882 peasants suffered from measles during the first half of this year and more than 100 of them have so far died of the disease.

Cabo Delgado—Measles Kills 17 People Jan-Jun 91

MB1509073291 Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 Sep 91

[Text] A total of 17 people died of measles between January and June 1991 in Cabo Delgado Province. In the same period over 400 cases of measles were recorded. The Cabo Delgado Provincial Health Director has said measles mortality rate reduced by 7 percent in the first six months of 1991 as compared to the same period in 1990.

Two Die of Cholera in Cahora Bassa District

MB0609143291 Maputo Radio Mozambique Network in Portuguese 1030 GMT 6 Sep 91

[Text] Two deaths and two suspected cases of cholera were registered at Xitima administrative post in Cahora Bassa District, Tete Province, a few days ago.

The Xitima health authorities are currently briefing people on preventive measures.

Health Ministry Cites Causes for High Child Mortality Rate

MB2408105091 Maputo Radio Mozambique Network in Portuguese 0500 GMT 24 Aug 91

[Text] In Mozambique over the last five years, 141 out of every 1,000 children have died. Mozambique's child mortality rate is above the African average. An information leaflet of the Health Ministry's National Directorate for Planning and Cooperation says that Mozambique has the third highest child mortality rate in the world.

That leaflet cited malaria and measles epidemics, as well as acute respiratory problems, as the main causes for the high child mortality rate.

NAMIBIA

Official Denies Allegations of Bubonic Plague Outbreak

MB0609205291 Windhoek Namibian Broadcasting Corporation Network in English 1900 GMT 9 Sep 91

[Text] The regional director of health in the north, Dr. Nesta Shiruti, has rejected allegations of an outbreak of bubonic plague in the Ondangwa region.

Dr. Shiruti said there was no sudden increase in the occurrence of the disease but pointed out that sporadic cases of bubonic plague were still being reported to his office.

He said fifteen cases of the disease have been reported to the Health Department at Oshakati last month.

NIGERIA

Over 6,000 Cholera Deaths for 1991

AB1509175591 Paris AFP in English 1735 GMT 15 Sep 91

[Text] LAGOS, Sept 15 (AFP)—More than 6,000 deaths have been recorded this year in Nigeria following an outbreak of cholera, the Ministry of Health said.

More than 50,000 cases of the deadly disease have been recorded in most parts of the country, according to the statement received by AFP here Sunday [15 September].

The ministry has set up an inter-ministerial national task force on cholera control to develop guidelines for fighting the disease and to disseminate information on it, according to the text.

It would also develop health education strategies and determine resources for effective control of the disease and possible sources of assistance. Hundreds of cholera

deaths have also been recorded in countries neighbouring Nigeria, the biggest black nation in the world.

SOUTH AFRICA

Meningitis Outbreak in Eastern Transvaal

MB0309103591 Johannesburg THE STAR in English 3 Sep 91 p 2

[Report by Carina le Grange: "Concern as Meningitis Strikes in Tvl [Transvaal]"]

[Text] A meningitis outbreak in the Transvaal, which has seen at least 11 victims admitted to hospital, is believed to have originated in Mozambique, according to medical experts.

Six people are being treated in Leratong Hospital on the West Rand and another two in Rietfontein Hospital's isolation wards.

The disease is not restricted only to the Reef.

The head of medical microbiology at the University of the Witwatersrand and the SA [South African] Institute for Medical Research, Professor Keith Klugman, said there had also been an outbreak in the eastern Transvaal, with people being treated at Shongwe Hospital.

He said meningitis was a contagious, very severe life-threatening disease.

Rietfontein spokesman Dr. Bernie Miller said five men had originally been treated for meningococcal meningitis after they were transferred from Leratong Hospital. Three had been discharged and the remaining two were doing well and might be discharged soon.

The patients were former Mozambicans.

One of the six under treatment at Leratong may be discharged soon.

An SA Institute of Medical Research spokesman said the institute had typed the strains now present as falling into a group associated with epidemics. "This is especially so in South Africa and is of great concern," he said.

Professor Klugman said he was aware of one person being treated at Baragwanath Hospital and of an outbreak in an unnamed prison recently, although in these instances there was no further spread of the disease.

Indications were that there was an epidemic of meningitis in Mozambique at the moment which had spread to South Africa as a result of refugees.

There had been no cases of people infected by the original group at present infected.

He said, however, that most adults, and even children from as young as two years old, developed an immunity against the disease. Exposure to the disease did not mean a person would contract the disease.

The danger was that it was a disease of overcrowding which could easily spread in hostels, prisons, among military recruits and in hospitals.

Babies between three months and two years were however at risk as this was the time during which they were not protected by immunity through breastfeeding and before they developed their own immunity.

Tuberculosis Epidemic Killing 35 Daily

*MB0409171791 Umtata Capital Radio in English
1400 GMT 4 Sep 91*

[Text] There is a tuberculosis epidemic in South Africa at the moment with up to 36 people dying from TB everyday. The South African National Tuberculosis Association, SANTA, says there were at least 75,000 cases of the disease in South Africa last year. SANTA's director of community education, Dr. Theo Collins, says TB is dormant in millions of people.

Dr. Collins: We have in this country today possibly up to 15 million people who are carriers of tuberculosis, in other words, they are perfectly well at this stage but they have a dormant infection in their bodies. Now every one of them who has some condition that lowers his resistance in the future, is very likely to develop tuberculosis. [end recording]

Lentegeur Psychiatric Hospital Lifts Quarantine Measure

*MB1009123691 Johannesburg South African Broadcasting Corporation Network in English
1100 GMT 10 Sep 91*

[Text] Quarantine is no longer enforced at the psychiatric unit of the Lentegeur Hospital at Mitchell's Plain in the Cape Peninsula where nine patients died of cholitis earlier this year. The superintendent, Dr. Ahmed Gamel-dine, said the decision to lift the quarantine had been taken after no new cases of the disease were reported during the past month, but that the rehabilitation section would remain closed. The halls and sports grounds at the hospital would also stay out of bounds to the public.

SWAZILAND

Malaria Official Reports on Problem Areas

MB3108103391 Mbabane THE SWAZI NEWS in English 31 Aug 91 p 1

Article by Vusie Ginindza]

[Text] A malaria epidemic is threatening Mahlabaneni, Big Bend. In the area, inhabited by an estimated 700-800 people, 180 cases were reported in one week.

Said Mr. Simon Kunene, Malaria Programme Officer in Manzini: "This reflects 22 percent of the total population and this is a very grievous situation as compared to any other part of the country in as far as the malaria condition is concerned."

This area alone contributes 15 percent of the total malaria cases in the country. Kunene said so far they haven't located the source of the problem.

"The people are very cooperative, they listen to us and the place itself does not look that suitable for mosquito breeding."

Kunene said they would soon embark on a serious study on the people to be able to attend to their plight efficiently.

He said areas in the northern Hhohho also pose a lot of problems.

However, he said, the situation was under control.

"The problem with these places is that they were not sprayed and it took a long time for the people to get our message on prevention and fighting of disease."

Kunene also reported 50 cases that have been recorded in July in the country. No one died.

In all, Kunene said the malaria situation is well under control.

Specialist Reports on Tuberculosis Cases

MB3108105191 Mbabane THE SWAZI NEWS in English 31 Aug 91 p 24

[Article by Vusie Ginindza]

[Text] Tuberculosis has killed 46 people in the past one and a half months, bringing to 91 the number of people who have died from the disease since the beginning of this year.

Last year, TB killed 80 people.

TB specialist in Manzini, Dr. C. Mabuza said they are not expecting any sudden improvement in the situation because of the link between TB and HIV (AIDS virus).

"We acknowledge the fact that TB is ever [as published] and will ease in the country in spite of doing all we can to control it.

"As you know, TB goes for low-resistant bodies. What HIV does is to destroy resistance in the body, leaving it completely vulnerable to diseases."

"Since HIV is spreading, it will be difficult to control TB the way we should," she said.

Dr. Mabuza said the only way they are solving the problem is to promote awareness through the Rural Health Motivators [RHM].

She said so far, they have covered nine areas in Manzini: Mhlambanyatsi, Lozitha, Mkhweni, Mtsongwaneni, Manzini, Mahlangatja, Ngwempisi, Mangcongo and Ntondozi.

In September, they are going for areas in the Lubombo region. Hhohho and Shiselweni will follow in October, respectively.

"We go for RHMs because they are the people who mix with most of the public, as opposed to TB officers who spend most of the time in the labs or offices.

"We mainly want to achieve early detection of the disease and we hope that the RHMs will play a great role in educating others and even encouraging patients to continue with medication."

Dr. Mabuza said plans to construct a hospital for TB patients are still at a very young stage.

She stated that Regional Units at the moment can be very useful.

"Even more useful than a hospital. Two months in hospital, for a very long time for a patient and disturbs the emotions. [sentence as published] Whereas, units will be closer to the patient's home and avoid dislocation from one's relatives.

"It could also be difficult for a patient to go to a hospital each time he runs short of medication, but that would be no problem if there were regional units.

"It is not true that spreading patients around the country will promote a spread on the disease, people should know that once a patient is treated, he can no more transmit TB," she said.

TANZANIA

Cholera Deaths in Dar es Salaam Prison

91WE0484 *Dar es Salaam DAILY NEWS* in English
18 Jun 91 p 1

[Article by John Kulekana: "Twelve Inmates Die of Cholera at Ukonga"]

[Text] Twelve prisoners have died following the outbreak of cholera at the Ukonga Prison in Dar es Salaam, the Minister for Health, Professor Philemon Sarungi, has said.

Talking to newsmen at the Kamrijee Hall in the city yesterday evening, Prof. Sarungi said the cholera outbreak was first reported at the Ukonga prison on 6 June. Until yesterday a total of 92 cases were diagnosed and 12 prisoners had died so far.

The minister said eight of the diseased died at the prison while four died at the Muhimbili Medical Centre where they were admitted after contracting the disease.

However, the minister said the situation at the prison was now "under control," with only two cases of cholera patients.

According to Prof. Sarungi, the disease is believed to have erupted at the prison late last month, following a water pump breakdown. He said inmates were later forced to use and drink water from a well inside the prison which is suspected to have been contaminated with pathogenic micro-organism.

"Prisoners were reportedly found vomiting and purging excessively, which are the symptoms of cholera. On further clinical tests, several prisoners were found to have contracted the disease," he said.

Prof. Sarungi said news of the cholera outbreak at the prison was communicated to his ministry and prompt action was taken.

He said the sick prisoners were identified and put in quarantine. Those with obvious symptoms of the disease were given Erythromycin tablets as well as oral rehydration therapy.

To prevent further spread of disease, all inmates were given Erythromycin tablets while drinking water was chlorinated. He said the broken pump has already been repaired at the prison.

The minister, however, would not say how many prisoners were there at the Ukonga Prison at the time of the epidemic. It is understood that many prisons, including the Ukonga and Keko Remand Prison are heavily congested with inmates.

Prof. Sarungi told the newsmen that health officials from the Health Ministry had been deployed to Keko and Ukonga to monitor the situation.

Prof. Sarungi said no prison warden was reported to have contracted cholera.

Twelve Cholera Deaths in Mara Region

91WE05044 *Dar es Salaam DAILY NEWS* in English
1 Jul 91 p 1

[Article: "Cholera Kills 12 in Bunda"]

[Text] Twelve residents in Kibara Village, Bunda District, Mara Region, have so far died of cholera which broke out last week.

According to Shihata, 52 cholera victims from the village had been confined to Kibara Mission Hospital and a primary school in the village.

The Mara Regional Development Director, Ndugu Godwin Mgendi, told the regional anti-cholera committee which met in Musoma over the weekend that the death rate was increasing.

"A consignment of anti-cholera drugs has been sent to the affected area and more drugs have been dispatched from Dar es Salaam," Ndugu Mgendi was quoted as saying.

To control the spread of the epidemic, the regional anti-cholera epidemic, the regional anti-cholera committee has put the Kibara Village under quarantine.

Shihata reports say all vehicles from Bunda will now terminate their journey at Kasaunga Village while those carrying passengers from Kisorya would terminate their services at Busambara Village.

Meningitis Outbreak Kills 151 in Northern Tanzania

AB1808150491 Paris AFP in English 1417 GMT 18 Aug 91

[Text] Nairobi, Aug 18 (AFP)—An outbreak of meningitis has killed 151 people in various regions of northern Tanzania during the past month. Tanzanian radio reported Sunday [18 August].

The radio monitored here said another 924 people are being treated for the disease in various hospitals.

It quoted health officials as saying most of the cases had been reported in the province of Mwanza on the shores of Lake Victoria. The disease has also hit Tabora, Dodoma and Arusha provinces.

Meningitis is a viral disease which attacks the brain and the spinal cord and is fatal if not treated early.

Fifteen Meningitis Deaths in Mara Region

EA3008093591 Dar es Salaam Radio Tanzania Network in Swahili 0400 GMT 29 Aug 91

[Excerpt] Musoma—Fifteen people have died in Serengeti District, Mara Region, of meningitis between Friday, 23 August and Tuesday, 27 August. The Serengeti medical officer of health, Dr. Hassan Kakolwa, said another 43 patients have been admitted to the district hospital while four others were admitted to Ngarawini health center which has been opened to treat the patients. [passage omitted]

ZAMBIA

Ten Dead in New Cholera Outbreak in Northern Province

MB2308133091 Johannesburg SAPA in English 1127 GMT 23 Aug 91

[Text] Lusaka Aug 23 SAPA—Ten people have died in a new wave of cholera in Zambia's Northern Province. Ministry of Health permanent secretary, Dr. Everiste Njelesani confirmed on Friday.

"It is true the new cholera has broken out and 10 people have died so far," Dr. Njelesani said.

The disease is reported to have originally broken out at Chipiwa in Tanzania, on the shores of Lake Tanganyika, from where it was transmitted to Zambia by travellers.

The Cholera Surveillance Committee, formed last year, was urgently appraising the situation. Meanwhile, the selling of fish from Mpulungu port, the worst affected area, has been banned.

More than 2,000 Zambians died of cholera in two epidemics in the past two years.

Dr. Njelesani said the government was taking appropriate measures to control the spread of the disease to other parts of the country.

The acute shortage of water in Zambia was believed to be the major contributing factor to the current outbreak of cholera.

Cholera Kills 6 People in Kasama Area

MB1409204891 Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 14 Sep 91

[Text] Reports from Kasama say that six more people have died during the past three weeks in a cholera-infected area [words indistinct] bringing the death toll in the killer disease's [words indistinct] in Northern Province to 16.

The deaths were confirmed in a statement issued by the office of the permanent secretary today, following a meeting of the Northern Province Cholera Surveillance Committee.

Since 13 August to 11 September, there had been 32 cases in [name indistinct] and Kaputa Districts [words indistinct] while one more death was recorded in the Imbala-Chissanga area, where 20 cases have been recorded over the same period.

ZIMBABWE

Health Minister Says Over 100 Doctors Have Left Country

MB2308192091 Johannesburg Radio RSA in English 1500 GMT 23 Aug 91

[Text] The Zimbabwean health minister, Dr. Timothy Stamps, says Zimbabwe has lost more than 100 medical doctors to South Africa, Botswana, and Namibia in the first seven months of this year, a figure representing 20 percent of all doctors in the country's government institutions.

Dr. Stamps said that emigration of doctors had left health services so short staffed that there was no full time psychiatrist for the city of Bulawayo to look after some 700 mentally ill patients at a center there. Tuberculosis control programs throughout the country had also collapsed. Reported cases of the disease had risen to 9,600 cases last year compared to 2,000 in 1988.

Snail Fever Returns to Mao's Province

WA0823081091 Hong Kong **THE HONG KONG STANDARD** in English 31 Jul 91 p 10

[Article by Alan Nip]

[Text] In China, where the sense of hierarchy is particularly important, snail fever prevention offices have no power at all to direct and coordinate relevant departments.—The HUNAN CULTURAL NEWS

When China declared it had wiped out snail fever in 1959, Chairman Mao Zedong was so encouraged by the news he wrote a poem to celebrate the victory.

But more than 30 years later, the killer disease has made a large-scale comeback, taking an increasing toll of victims in Mao's home province, Hunan.

In its latest issue, the HUNAN CULTURAL NEWS reported that the situation was particularly serious in rural areas such as the Dongting Lake.

The newspaper said that in Yiyang county, snail fever virus had been found in more than 130 townships and more than 1,300 villages.

It said drinking water for more than 1.8 million rural people, 36 percent of the country's population, was contaminated with the virus.

The paper did not disclose the number of people affected by the disease, which is spread mainly through contaminated water.

The danger of a large-scale outbreak is particularly concerning in rural areas where no facilities exist to sanitize drinking water tapped from underground.

The newspaper, describing the situation as "astounding," said the number of snail fever patients in the province was rapidly increasing.

Anxiang County, in Hunan, had virtually no cases of snail fever virus in 1970. But in 1981 the virus was found in 543 hectares of land.

In a county farm inhabited by 45 households, 75 people have been found to have acquired the disease.

Most snail fever victims are either killed by the disease or left permanently paralyzed.

Snail fever was the number one killer disease in Hunan until the late 1950s, when China waged an all-out "people's war" against it.

A feature film was also made, praising the government's effort and determination to eradicate snail fever.

The HUNAN CULTURAL NEWS blamed the current situation on a lack of public caution and a substantial cut in government spending on prevention of the disease.

Snail fever prevention offices in all the counties in Hunan in the 1950s received at least equal funding to public health bureaus.

But since the 1980s, funds for prevention offices have been cut considerably.

"In China, where the sense of hierarchy is particularly important, snail fever prevention offices have no power at all to direct and coordinate relevant departments," the HUNAN CULTURAL NEWS said.

In the Yiyang area, the government spent 2.5 million yuan (HK\$3.75 million) annually on snail fever prevention in the 1950s.

Since the beginning of the 1980s, the funds have been cut to 1.7 million yuan.

A large portion of government funds have to pay the wages of doctors and other personnel involved in the field.

CAMBODIA

About 600 Cholera, Dengue Victims May-Jun in Banteay Meanchey

*BK1708075891 Phnom Penh SPK in English
0411 GMT 17 Aug 91*

[Text] Phnom Penh SPK August 17—About 600 people in Banteay Meanchey Province, including 238 children, suffered from cholera and dengue between May and June this year.

According to Mot Yat, chief of the provincial health service, most of the cholera and dengue sufferers were displaced people living in various refugee camps in the province.

He said the number of the affected people increased by 100 in June as compared with May. However, he added, there has been no death so far. He also called on humanitarian and non-governmental organisations to help cope with such diseases, especially to cure the number of children suffering from dengue in the province.

Dengue Fever Spreading Among Children in Kandal Province

BK1109103091 Phnom Penh Samleng Pracheachon Kampuchea Radio Network in Cambodian 2300 GMT 10 Sep 91

[Text] The Health Service of Kaoh Thom District in Kandal Province has reported that dengue fever is spreading in all localities in the district this year, particularly in Prek Thmei and Prek Sdei Communes.

The blood of about 20 percent of about 72,900 children contain the dengue fever virus. The district health service does not have accurate figures because parents have not sent their children to hospitals. In the eight months of 1991, the district tested only 200 children for dengue fever and retained five in hospitals. The district admitted 105 children patients last year.

However, the district notes that fewer children have been affected by dengue fever this year, as the district dispatched health cadres to all localities to disseminate hygiene advice and provide more training to private doctors in treating the fever.

Spread of Malaria in Kompong Cham Province

*BK0909061391 Phnom Penh SPK in English
0409 GMT 9 Sep 91*

[Text] Phnom Penh SPK September 9—Forty-seven people died of malaria in a district of Kompong Cham Province, some 150 km northeast of Phnom Penh, in the first seven months of this year.

In Memot, a district rich in forest and rubber plantations, 114 people suffered from malaria during the first three months. However, the number of malaria sufferers

increased during the rainy season beginning in April, according to an official working with the district health-care service.

Before 1970, up to 70 people died from such disease each year, especially those who worked in the rubber plantations in the district, the official said.

The most serious incidence of malaria was recorded in July and August of the 1979-86 period during which three people died every day.

Hundreds of Cambodians die from malaria every year, especially those who live in the north, northeast, northwest, southwest and western parts of the country which are covered with thick forest.

HONG KONG

Second Cholera Case in 1991

WA0909070091 Hong Kong SOUTH CHINA MORNING POST in English 6 Aug 91 p 2

[Text] A 71-year old woman has become the second cholera case reported in Hong Kong this year.

The woman, who lives in a squatter hut in North Point, is believed to have contracted the disease by eating uncovered food.

She was in fair condition in a hospital yesterday.

The woman was suffering from a food-borne strain of the disease which causes diarrhea and abdominal cramps.

Cholera is more common in Vietnamese detention centres but in these cases is considered an imported disease.

A spokesman for the Department of Health yesterday urged members of the public to wash their hands after using the toilet, boil all drinking water, and make sure food is thoroughly cooked.

JAPAN

New Cholera Case Tipped as 17th Victim of Outbreak

OW0409143191 Tokyo KYODO in English 1324 GMT 4 Sep 91

[Text] Tokyo, Sept. 4 KYODO—A 62-year-old self-employed man of Yamato in Kanagawa Prefecture could be the 17th cholera victim in a recent outbreak that has claimed one life, the Kanagawa Prefecture Health Department said Wednesday.

The department is testing samples from the man who began suffering severe diarrhea one day after eating surf clams bought in Yamato, about 15 kilometers west of Yokohama, on August 26.

Five cholera patients in Kanagawa Prefecture ate the clams, known as aoyagi in Japanese, from a Yokohama seafood merchant on August 22.

Earlier Wednesday, Saitama Prefecture's health department officials said that a 50-year-old Nippon Telegraph and Telephone Corp. (NTT) employee in Omiya, on the northern outskirts of Tokyo, had become the 16th cholera victim.

The man is recovering after testing positive for the same cholera bacteria as three NTT colleagues he stayed with at a hotel on a trip to Tomiyama, Chiba Prefecture, on August 24.

The department said the four apparently contracted the disease from eating the clams. A 72-year-old woman died August 29 after eating them one week earlier.

The clams, caught in Tokyo Bay and the waters off Chiba Prefecture, are suspected to have caused most of the recent cholera cases reported in Tokyo, Chiba, and Kanagawa prefectures.

Health officials have traced the contaminated clams to nine shops in Tokyo and a shop in Yamanashi Prefecture, and retailers in Chiba and Kanagawa.

Two Cholera Patients Found at Narita Airport

OW0709112291 Tokyo KYODO in English 1048 GMT
7 Sep 91

[Text] Narita, Chiba Pref., Sept. 7 KYODO—Quarantine checks have detected cholera germs from two Japanese women who returned home from Southeast Asia on Thursday, officials said Saturday.

The women were hospitalized in Tokyo and Kobe, the officials said.

These cases brought the number of cholera patients detected at New Tokyo International Airport this year to a record 25, exceeding 23 registered during 1990.

One of the two, a 43-year-old worker of Hoya, Tokyo, reported symptoms of diarrhea to authorities on arrival at Narita on Thursday. She flew back from an 18-day business trip to Singapore and Indonesia.

The other woman, a 23-year-old public servant in Kobe, reported symptoms of diarrhea at the airport on Thursday after traveling to Thailand. She was believed to have been infected by contaminated ice in drinks.

NORTH KOREA

WHO Says Cholera Not Legal Grounds for Talks Postponement

SK2408072991 Seoul YONHAP in English 0629 GMT
24 Aug 91

[Text] Seoul, Aug 24 (OANA-YONHAP)—North Korea violated the rules of the World Health Organization

(WHO) when it refused to allow South Koreans to enter Pyongyang for the inter-Korean premiers' talks because of a cholera epidemic in the South, a government official said Saturday.

On Wednesday, the government requested WHO's interpretation of North Korea's action, the official said. WHO replied that the refusal violated its rules and it was ready to provide help if travelers from cholera-struck areas were denied entry.

The fourth round of the talks were scheduled for next week in Pyongyang, but North Korea demanded their postponement and said it could not allow the cholera epidemic in the South to spread to the North.

The talks were rescheduled for late October in a last-minute compromise Friday.

SOUTH KOREA

Number of Cholera Victims Reaches 100

SK1908085191 Seoul YONHAP in English 0439 GMT
19 Aug 91

[Text] Seoul, Aug 19 (YONHAP)—A 31-year-old man has been diagnosed as South Korea's 100th cholera case at a hospital in Kunsan, North Cholla Province, the Health and Social Affairs Ministry said Monday.

He contracted the disease from raw fish he ate from a street vendor, it said.

Four people have died of cholera. 79 have recovered and 17 are in hospital.

Thirteen people are hospitalized in South Chungchong Province, where the epidemic began Aug 5, two in North Cholla Province, one in Seoul and one in Taejon.

Cholera Germs Found in Sewage, Sea Water Near Kunsan

SK2008092991 Seoul YONHAP in English 0843 GMT
20 Aug 91

[Text] Kunsan, South Korea, Aug 20 (YONHAP)—Cholera germs were found Tuesday in samples of sewage and sea water near Kunsan, a port in North Cholla Province, the Kunsan quarantine office said Tuesday.

The office sampled sewage in eight places and sea water in 12 places between Aug 13 and Tuesday, an official said.

The germs were found in a sample of sewage near the inner harbor and a sample of sea water taken near a ferry in Kum-dong, the official said.

The health authorities took intensive preventive measures against a cholera epidemic in and around the infected areas immediately after being notified of the test results.

As of Monday, four people have died of cholera since an epidemic broke out Aug 5 in Sochon, South Chungchong Province. Seventeen people are still under medical treatment at hospitals.

Cholera Spreading in South

*SK2608151391 Pyongyang KCNA in English
1504 GMT 26 Aug 91*

[Text] Pyongyang August 26 (KCNA)—Cholera is spreading in South Korea.

Cholera, which broke out in Sochon, South Chungchong Province, is rapidly spreading throughout South Korea including Seoul, claiming the lives of people.

Hospitals in Seoul, Pusan and other cities are now busy answering the telephone calls of citizens complaining of symptoms of cholera and the quarantine station of Kimpo Airport has entered a "round-the-clock emergency quarantine system".

Foreign countries including Japan have taken measures for prohibiting travel to South Korea.

Cholera Affects South Fishermen, Restaurant Business

*SK0209102291 Pyongyang KCNA in English
1003 GMT 2 Sep 91*

[Text] Pyongyang September 2 (KCNA)—Fishermen are reportedly suffering from the spread of cholera in South Korea.

More than 400 fresh fish food joints in Wolmi and Song Islets and other places in Inchon, South Korea, now in a state of "emergency of cholera", suspended their operation from Aug 16 in the absence of customers.

And the Inchon "city office" ordered some 100 vans engaged in selling sea food at the wharf to close down and banned marketing.

The shutdown of fish joints led fishermen to suspend their business.

The fish restaurants are also closing down en masse in Pusan and South Kyongsang provincial areas, too.

Authorities Say Cholera Epidemic Spreading

*BK0409044891 Seoul THE KOREA HERALD
in English 4 Sep 91 p 3*

[From the "Local News Briefs" column]

[Text] A 37-year-old woman living in Suwon has been diagnosed with cholera, raising the number of cases to 108, according to the Ministry of Health and Social Affairs yesterday.

A ministry probe showed that Choe developed the disease after eating half-cooked squid.

The ministry urged the public to take maximum precautions for their health and lose no time in reporting to the health authorities if any symptoms such as diarrhea are suffered. The ministry says the disease is spreading and is not confined to any specific area since the outbreak in Sochon, Chungchongnam on Aug. 13.

Two More Cholera Cases Confirmed in Pusan

*SK0909110991 Seoul YONHAP in English 0752 GMT
9 Sep 91*

[Text] Seoul, Sept. 9 (YONHAP)—The Health and Social Affairs Ministry announced Monday that two cholera victims have been confirmed in Pusan and another one is suspected.

The Ministry has sent an epidemiological investigation team to Pusan to find out how they caught the disease.

It urged people to take hygiene precautions as cholera was being reported sporadically outside the area of the epidemic's outbreak in Sochon in mid-August.

LAOS

Malaria Prevalent in Thoulakhom District

*BK2008101691 Vientiane KPL in English 0859 GMT
20 Aug 91*

[Text] Vientiane, August 20 (KPL)—Since the beginning of this rainy season, malaria has been prevalent at Phakha-gnoung village, Thoulakhom District, Vientiane. It is estimated that 50 percent of the villagers have been afflicted by malaria, mostly children between 13-14 years of age.

The cause of the spread is attributed to the poor hygienic condition. In particular, these villagers consume unboiled water which is the source of malaria illness.

Malaria Outbreak in Luang Namtha Kills 'Some Children'

*BK3008122991 Vientiane KPL in English 0905 GMT
30 Aug 91*

[Text] Vientiane, August 30 (KPL)—Malaria has recently broken out in Long District, Luang Namtha Province, killing some children under seven.

Following the outbreak, teams of medical personnel have been dispatched to the spots and have cured 93 people affected by malaria, out of which 40 were women.

During the treatment these personnel have also detected some cases of lung bronchitis infection and hypertrophy of the spleen.

In this connection, the provincial public health service has delivered 200,000 kip worth of medicines. The situation has gradually returned to normal.

Deaths From Malaria Continues to Increase

BK1309075591 Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 13 Sep 91

[Undated PASASON article: "Why Do People Die of Malaria?"]

[Summary] "Respected listeners, according to a report released by the Public Health Ministry, the malaria epidemic in our country does not appear to have abated since 1986. The number of people killed by this deadly disease keeps increasing annually. In 1986, 77 persons died of malaria. Out of 81,422 persons hospitalized for the disease in 1986, 560 died. The number of deaths increased to 695 in 1988 and to 465 in 1989." In addition, hundreds of pregnant women each year give birth prematurely, killing scores of new-born infants, especially in remote and rural areas.

"In the past as well as in the present, our party and state have paid close attention to providing public health services to the people, for example by training more medical cadres, building more hospitals in all provinces and localities, and introducing modern technology into people's life style."

Malaria researchers have noted that the number of patients hospitalized by malaria is currently decreasing, thanks to the expansion of our public health network. Nonetheless, the death rate seems to be on the rise.

"The increase in the death rate caused by the disease is attributed to two things—a lack of medical supplies and negligence in taking antimalarial antibiotics. In addition, our medical cadres fighting malaria still lack competence."

The first antimalaria conference held at Tha Lat in Vientiane Province in June 1990 issued a number of recommendations saying that all patients inflicted by this disease must be given full treatment and that preventive measures must be taken, such as by spraying mosquito-killing chemical substances in places where they breed, using mosquito nets while sleeping, filling ponds and swamps with dirt, and getting rid of weeds around people's shelters.

Report Says Haemorrhagic Fever Prevalent Nationwide

BK1209030891 Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 12 Sep 91

[Excerpt] As is known, haemorrhagic fever is reportedly prevalent now in many regions throughout the country. A Mahosot Hospital report in Vientiane Municipality said from July to September this year 71 out of 100 persons diagnosed at the hospital have been found to be inflicted with haemorrhagic fever in varying degrees. These patients are currently under the good care of hospital physicians. Dr. Chandao Souk-aloun, a paediatrician and head of the hospital's revival service, said

haemorrhagic fever is one of the most dangerous diseases. It is caused by being bitten by striped mosquitoes and its primary victims are mostly children under the age of 5. However, children between the ages of 5 and 15 are also susceptible. [passage omitted]

Domestic Animals Killed by Diseases in Luang Namtha

BK3108111491 Vientiane KPL in English 0916 GMT 31 Aug 91

[Text] Vientiane, August 31 (KPL)—Three districts of Luang Namtha Province have since early this year lost 828 domestic animals dying of haemorrhagic septicemia, anthrax and cholera, in particular, 208 water buffaloes, 54 oxen and cows, 416 pigs, 145 goats, and five horses in Namtha, Sing, and Nalai Districts.

During the bad times the local veterinary service couldn't cope with the epidemic due to the lack of necessary instruments. Only 1,700 head of cattle were covered. Since these epidemic diseases have taken away a considerable number of drought animals, the lack of these animals and of meat in local markets is now felt.

VIETNAM

Malaria Plagues Duyen Hai District

91WE04634 Ho Chi Minh City TUOI TRE in Vietnamese 11 May 91

[Article by Ngoc Vinh]

[Text] For a long time now, the poverty-stricken land of Duyen Hai has had to call for charitable assistance. Beside famine, chronic malaria suddenly came to a head in some poor, remote villages of Duyen Hai District in March and April of this year. Efforts are being undertaken by the public health sector to control the epidemic, but difficulties still remain to be overcome.

Chronic Epidemic

Going down Nha Be River, one would immediately hit Duyen Hai District—a complete contrast to Saigon in terms of appearance with its mangrove forests, water palm trees, marshes, and dilapidated huts. This land is inhabited by 8,757 families totalling nearly 50,000 persons who earn their living by scavaging. From Binh Khanh Village, a red soil road leading towards the marshes would take one first to An Thoi Dong Village where 219 inhabitants came down with malaria in March. The number of the afflicted rose to 1,345 in April. We visited Mr. Nguyen Van Bang whose whole family of 18 had contracted malaria. The two youngest members of the family had just been released from Cho Quan Hospital. The family earns a living by catching crabs and shellfish and collecting firewood. Mr. Bang told us: "The whole village, not just 95-98 percent, has contracted malaria. Every single person in my family, young and old, has come down with the disease."

According to him, if it cost each family like his own 100,000 dong for hospitalization, the whole hamlet of An Nghia with more than 2,000 inhabitants would have to spend over 200 million dong fighting malaria. At the level-I school of An Nghia which we visited, a number of pupils came down with malaria right during school hours. Nguyen Huu Vy, the school principal who had recovered from malaria only five days earlier, told us: On the average, the number of pupils who are absent due to malaria totals two classes (60 pupils) daily. Of the 198 pupils who had their blood samples tested by the malaria control station, 30 had symptoms of spleen inflammation. The 12 teachers and workers at the school have all contracted malaria.

"Anyone who comes to this place suffers from malaria at least once." This is the opinion held by workers of the Bridge and Ferry Enterprise at the Dan Xay Ferry Landing. Malaria has spared no one, from the ferry pilot to the ticket window girl. Nguyen Binh Tru, deputy head of the Duyen Hai District Education Office, said that at remote villages such as Ly Nhon, Long Hoa, An Thoi Dong, and Tam Thon Hiep, all the schoolteachers have suffered from recurring bouts of malaria.

According to the director of the Duyen Hai District Public Health Center, the malaria epidemic here has reached an alarming stage. If the total count of malaria parasites found in blood samples of malaria-infested people was 2.8 percent in the first quarter of 1990, it increased to 5.8 percent in the first quarter of 1991. The parasite count was 32 percent at An Nghia Hamlet, An Thoi Dong Village; 20 percent at Hoa Hiep Hamlet, Long Hoa Village; and 31 percent at Binh Thanh Hamlet, Binh Khanh Village. According to the public health sector's guidelines, a parasite count of 20 percent is deemed to be serious.

It All Boils Down to Poverty

Malaria often breaks out at the height of the rainy season. But now, it has struck at Duyen Hai as the dry season is coming to an end. This is not surprising at all because the forests and marshes of Duyen Hai are never short of water, the type of stagnant water that provides a favorable habitat for mosquitoes to multiply. Meanwhile, the local people build their houses right above the marshes where water palms and mangroves abound; and since they earn their living by wading into the water to fish for crabs and shellfish and by collecting firewood in the forests, malaria has in fact become a social disease. Furthermore, the district is poor, the houses are shabby, and mosquito nets are in short supply. According to the district chairman, public health activities here are sub-standard due to a limited operating budget. According to public health cadres, the poor had to fish for crabs and shellfish and to collect firewood in the forests earlier this year. When they became ill, treatment was inadequate. Each dose of medicine costs no less than 5,000 dong. People who could not afford to buy medicines waited for the symptoms to break before they resumed working in the forests. Since the disease was left untreated, the

affected became physically weak and relapses were common. At the hamlet and village dispensaries, health cadres are giving emergency patients only one dose of medicine as temporary treatment for the night. Dr. Nguyen Van Vinh, director of the Duyen Hai District Public Health Center, said that the district health sector only had enough medicines to treat 10 patients for 10 days. During the first quarter of 1991, the district received only 2,000 tablets of Quinine, 3,000 tablets of Cloroquine, 4,000 tablets of Fansidar, and 800 vials of Quinine. Prior to the outbreak of malaria, very little spraying of insecticides had been done to get rid of mosquitoes.

Not Simply a Matter of Epidemic Control

At present, epidemic control efforts are being made to lower the malaria incidence rate. Epidemiological and entomological studies are also being conducted on the spot. Prof. Tang Am, a high-level epidemiological expert, thinks that the malaria epidemic in Duyen Hai is serious, and that the solution is to improve social welfare and public health care. Apart from detecting malaria parasites and giving medicines to patients, the district needs to spray insecticides to clean up the environment, and to urge local people to use mosquito nets. It is necessary to develop the whole area comprehensively and open up new lines of production so that the local people will no longer have to earn a living by wading into water to fish for crabs and shellfish.

Antimalaria Efforts Increased by Province

*BK2308053891 Hanoi Voice of Vietnam Network
in Vietnamese 1100 GMT 18 Aug 91*

[Text] To control the increasing rate of a malaria epidemic and reduce the malaria death toll, since early this year the former Hoang Lien Son Province has concentrated on spraying mosquito-killer chemicals in 45 villages and wards. It has conducted a total of 7,000 experimental investigations with the use of microscopes, given medical treatment to 18 people, set up four microscope user groups at the grassroots, and delivered over 70 million dong in medicine and insecticide to various districts.

The provincial public health sector has determined and zoned off nine key districts in areas hardest hit by malaria to promptly guide efforts to prepare medicine, mosquito control chemicals, and other means to stamp out the epidemic.

The sector has also deployed and consolidated its district-level malaria control network, set up antimalaria teams, and assigned cadres to keep a close watch on the epidemic situation while signing a contract for implementing a malaria control program with various districts.

Lac Thuy District Steps Up Measures Against Malaria

BK1609100391 Hanoi Voice of Vietnam Network in Vietnamese 0500 GMT 16 Sep 91

[Text] The newspaper HA SON BINH reports that this year, the Lac Thuy District medical service sector has been doing a good job in its anti-malaria work. It has treated more than 1,300 malaria sufferers, sprayed DDT over 35,000 square meters of habitable land to protect 7,000 people, and soaked nearly 1,000 mosquito nets with liquid to ward off mosquitos for families living in malaria-infected areas.

Efficient Measures Needed To Fight Planthoppers

91WE0477.4 Hanoi NHAN DAN in Vietnamese 20 May 91 p 2

[Article by Quang Hoan and Ngu Phong: "Preventing and Fighting Brown Planthoppers in the Mekong Delta"]

[Text] Brown planthoppers are always a peril for rice crops in the Mekong Delta. The 10th month season of 1978, when brown planthoppers appeared, developed, and damaged 22.8 percent of the planted area, is regarded as the standard for evaluating destruction of rice by brown planthoppers in the provinces of the former B2 zone. Thanks to active measures to counter them, since 1978 damage caused by brown planthoppers has gradually declined as the rice varieties and hybridization organs have come up with dozens of new high-yield varieties that are resistant to planthoppers. The planthopper-resistant varieties brought about very satisfactory results, to the extent that in many places planthoppers disappeared. But in the summer-fall season of 1988 brown planthoppers reappeared, developed, and damaged rice in An Giang, Tien Giang, and Minh Hai provinces and Ho Chi Minh City. Last year, during the three seasons—winter-spring, summer-fall, and 10th month—a total of nearly 238,000 hectares of rice were infected by planthoppers. 8.5 percent of the planted area. Especially, during the recent winter-spring season brown planthoppers became a broad epidemic in the Mekong Delta provinces. During the three seasons, at the high point more than 439,000 hectares of rice—57.8 percent of the planted area—were infected by planthoppers. The provinces of An Giang, Tien Giang, and Long An were most heavily infested by planthoppers. There are 152,000 hectares of rice in An Giang, but 220,000 hectares were sprayed for planthoppers, which means that several tens of thousands of hectares were infested by planthoppers several times. In some cases, some areas have been cleared of planthoppers five to seven times. It is worthy of attention that the varieties that resisted planthoppers effectively in the past, such as IR42, MTL58, IR66, MTL61, IR10960, OM606, OM58, MTL68, and CL7, were heavily infested. It may be said that at present, in the Mekong Delta there is no variety that effectively resists planthoppers in main-season production.

The extent of damage with regard to rice yields and output caused by brown planthoppers in the Mekong Delta provinces during the recent winter-spring season has not yet been evaluated fully and accurately. According to an estimate of the Ministry of Agriculture and Food Industry (based on reports from provinces in the region), this season's yield declined by 1.75 quintals a hectare compared to the previous winter-spring season and output was 3.6 percent below the plan. Thus in comparison to the extent of planthopper infestation, damage with regard to yield and output was relatively light. That may be regarded as a very great success in vegetation protection. In April of last year, when it was realized that it was possible brown planthoppers could return and cause damage, an anti-brown planthopper and rice leaf yellows program committee was set up and included the leading specialists of the Cultivation and Vegetation Protection Department, the institutes, the schools, and the relevant organs. In November 1990, when brown planthoppers became an epidemic in Tien Giang and Ho Chi Minh City, and there was danger of a region-wide epidemic, the antibrown planthopper guidance committee included, in addition to cadres of the Ministry of Agriculture and Food Industry, cadres of the Ministry of Heavy Industry. In the localities, antiplanthopper committees were formed and began operations. Although only recently formed and severely lacking in operational funds, the antibrown planthopper and rice leaf yellows guidance committee did many things that resulted in high effectiveness. Especially, in a very short period of time Vipesco (the Vietnam Pesticide Corporation) and Vegetation Protection Corporation 2 (of the Ministry of Agriculture and Food Industry) produced, contracted out, or urgently purchased more than 1,000 tons of insecticide that is especially effective in eliminating brown planthoppers, and provided it relatively promptly to the Mekong Delta provinces.

However, we cannot merely evaluate the extent of damage caused by brown planthoppers with regard to yield, output, and destroyed rice. There are also losses with regard to prevention and elimination expenses. Of the 750,000 hectares of winter-spring rice in the southern provinces, 664,274 hectares—87 percent of the planted area—had to be sprayed with insecticide. Even so, nearly 11,000 hectares were destroyed by planthoppers and there was no way to save them. A considerable amount of money was spent to fight planthoppers, so the production cost of the rice was higher than in previous seasons.

In preventing and fighting brown planthoppers actively and effectively, the functional organs of the state and the localities have encountered many difficulties.

During the recent winter-spring season, when a brown planthopper epidemic broke out on a large area, unfortunately there occurred the phenomenon of tardiness in supplying and manufacturing insecticides because the reserve pesticide stocks of the state, the Cultivation and Vegetation Protection Department, and Vipesco were insufficient. The shortage of insecticide led to competition in buying and selling and to price variations. Many

pesticide supply organs raised prices. On the free market dealers in uncontrolled pesticide held sway. The vegetation protection branches sold a bottle of BASSA insecticide for about 11,000 to 13,000 dong, while it was sold on the outside for 23,000-26,000 dong. In remote areas the price rose to 50,000 to 60,000 dong per bottle. Instances of fake pesticide and poor-quality pesticide became widespread. In Long AN, 90 percent of the planthopper insecticide sampled on the free market was fake and nearly all of the agents sold fake or poor-quality pesticide. For that reason, in Long An some peasants who bought fake pesticide by mistake had yields as much as 80 percent lower, even though they sprayed as many as seven times. The agricultural materials supply organs encountered difficulties in stockpiling insecticide because bank interest rates were too high. Therefore, during the recent emergency Vipesco was prepared to import insecticide by air, which would be "more economical" than importing it by sea or stockpiling it in advance.

After the "10 contracts" policy was implemented in the Mekong Delta there were practically no cooperatives or production collectives, which resulted in the complete collapse of the vegetation protection network in the villages and hamlets, and even at the district level. The absence of a vegetation protection network truly caused difficulties for preventing and eliminating insects and diseases, especially those capable of spreading rapidly, such as brown planthoppers. A survey revealed that 80 percent of the peasant households in An Giang were incapable of discovering, preventing, and eliminating insects and diseases by themselves. Furthermore, the prevention and elimination of insects and diseases can result in very low economic efficiency, be expensive, and greatly affect the environment. Initial results have been achieved in strengthening the vegetation protection network and tying it in with the task of encouraging agriculture in An Giang. They may be applied in the Mekong Delta provinces.

Many difficulties are still being encountered in the rapid introduction of new planthopper-resistant varieties into production, especially the shortage of funds. Many crop variety research organs of the nation in general and the Mekong Delta in particular have for a long time had to perform various kinds of services or exist thanks to the generosity of the provinces. They cannot exist on the funds that are provided to do research, or by selling seedstock. For that reason, the recent planthopper incidents, when all of the rice varieties used in main-season production were infested by planthoppers, the plant variety research organs have introduced only four new planthopper-resistant varieties. It will surely take several more years to have sufficient new varieties for production.

In addition to the above-mentioned problems, in order to fight brown planthoppers and the other kinds of insects and diseases, the Mekong Delta must resolve many other problems, such as the price support policy (by means of regulating insecticide prices) and the policy of supporting poor peasant families.

According to forecasts by agricultural scientists, during the coming summer-fall season large areas of the provinces in the Mekong Delta are certain to be damaged by brown planthoppers, perhaps even more heavily than during the recent winter-spring season. In order to prepare all conditions to prevent brown planthoppers from damaging rice during the coming summer-fall season, the Ministry of Agriculture and Food Industry has coordinated with the Ministry of Heavy Industry and the localities to stockpile a large quantity of insecticide specifically for planthoppers and has recommended that the state make additional investments in stockpiling insecticide.

Only if those problems are resolved well can the Mekong Delta become the largest and most stable rice basket of the nation.

BULGARIA

Viral Hepatitis in Southwest Bulgaria

91P20470A Sofia *DEMOKRATSIYA* in Bulgarian
26 Aug 91 p 2

[BTA report: "Hepatitis Epidemic in Gotse Delchev Region"]

[Excerpt] In the Gotse Delchev region, viral hepatitis is spreading in alarming proportions. In the past week alone, 30 new cases were registered. [passage omitted]

ROMANIA

Health Ministry Cites 50 Cholera Cases

AU2908185591 Bucharest *ROMPRES* in English
1503 GMT 29 Aug 91

[Text] Bucharest ROMPRES, 29/8/1991—The data supplied by the Ministry of Health show that, till August 29, 50 cases of cholera were reported in Romania, of which 42 in Tulcea County, most of them in the Danube Delta, four in Constanta County and another four in Braila County.

Under medical control, without clinical symptoms, there are another 16 cases, of which 13 in Babadag, one in Tulcea, one in Pardina and one in Braila. Both the infested persons and the suspects received due medical treatment and are out of danger. No dead has been reported so far. In all these cases the disease was transmitted from the ill to the sound one owing to non-observance of elementary rules of individual hygiene.

ARGENTINA**Health Minister Says Measles Outbreak Controlled**

PY2408003191 Buenos Aires Radio Nacional Network in Spanish 1600 GMT 16 Aug 91

[Text] According to Corrientes Province Health Minister, Abraham Blugerman, the measles outbreak in Corrientes Province has been brought under control. He said that the province has received 20,000 vaccine doses on loan from Brazil in answer to a request he made from Paso de los Libres Hospital.

Two More Infants Die of Measles in Buenos Aires

PY1808224791 Buenos Aires BUENOS AIRES HERALD in English 18 Aug 91 p 4

[Excerpts] Two more Buenos Aires city infants died from the outbreak of measles yesterday bringing the death count of victims to nine nationwide.

Medical authorities continued to debate whether the spread of the disease constitutes an epidemic or a controlled outbreak, but they do agree that more measles cases will be reported in the near future.

The measles cases in the province of Buenos Aires "are an epidemic, and will continue for at least two more months," said Ricardo Gutierrez Children's Hospital Infectious Disease Ward Director Doctor Eduardo Lopez.

Health Minister Avelino Porto said on Friday that the outbreak had not reached an epidemic condition since during the last measles epidemic 39,000 cases were reported, and only 3,350 cases have been reported so far.

However, the Health Ministry's Epidemiology Director, Mirta Eiman said that the number of cases will multiply during the spring and reach "epidemic proportions."

The provinces which have registered the highest numbers of cases are Buenos Aires, Santa Fe, Santiago del Estero, San Luis, Tucuman and Federal Capital.

Residents have been advised to vaccinate their children as the only way to halt the spread of the virus, doctor Lopez said. Eighty-seven percent of the registered measles victims did not receive proper vaccinations.

During the coming weeks the number of measles cases will rise quickly, but within two months it will be under control due to the vaccination campaigns, the Children's Hospital doctor added. [passage omitted]

In other reactions, Buenos Aires City Council candidate Herman Lombardo (Radical) blamed the government for not having a vaccination campaign during the summer to prevent the present measles outbreak.

Measles Cases Reportedly Total 5,000 With 19 Fatalities

PY2408003991 Buenos Aires NOTICIAS ARGENTINAS in Spanish 1246 GMT 23 Aug 91

[Summary] Buenos Aires, 23 Aug (NA)—A total of 5,000 measles cases have been reported thus far. Although 12 deaths have been officially confirmed, the death toll is believed to be 19.

Measles Epidemic Kills 41 Children

PY0709031691 Madrid EFE in English 0142 GMT 7 Sep 91

[Text] Buenos Aires, Sept 6 (EFE)—A massive measles epidemic racing through Argentina has killed 41 children and has infected 9,050 others since it first surfaced early this year, the Health Ministry said Friday.

The ministry said it was stepping up efforts to distribute some 236,000 doses of measles vaccine, most of which was recently delivered from Brazil and Chile.

It said the provinces hardest hit were Santa Fe, where some 900 cases were reported last week, Buenos Aires, and Santiago del Estero.

Despite intense government vaccination campaigns, health experts said that only six percent of Argentine children have been inoculated.

Carlos Ferreyra Nunez, director of the Argentine Society of Epidemiology, said that the "outbreak will increase" in the next few months and that the disease "was here to stay."

BOLIVIA**Health Ministry Confirms First Death Due to Cholera**

PY0209132291 La Paz Radio Fides Network in Spanish 1100 GMT 2 Sep 91

[Summary] Doctor Roberto Vargas, the Health Ministry's Epidemiology Department director and head of the team leading the fight against cholera, has confirmed that a 50-year-old man with cholera died in El Alto [an urban area of La Paz] on 30 August. Laboratory tests confirmed the case only in the past few hours.

Government Official Reports Low Rate of Cholera Cases

PY0509170491 La Paz Television Boliviana Network in Spanish 0200 GMT 5 Sep 91

[Summary] Information Minister Mario Rueda Pena has reported that some six to eight cholera cases have been registered in the Rio Abajo, La Paz, and El Alto areas. This is a very low rate in comparison with that of Peru, Ecuador, and all Latin American countries, even that of the United States.

He said that this shows that there is no risk of an epidemic, and added that the Health Ministry has the situation under control.

Presence of Dangerous Cholera Bacteria Confirmed

PY1009174291 Madrid EFE in Spanish 1612 GMT 9 Sep 91

[Excerpts] La Paz, 9 Sep (EFE)—The most dangerous cholera bacteria, called "Ogawa," was detected in Bolivia 15 days after authorities confirmed the first cholera cases in an outbreak at an agricultural center 20 km from downtown La Paz. [passage omitted]

The tests were performed by the National Institute of Health Laboratories and were later confirmed by U.S. Center for Disease Control in Atlanta. They confirm the presence of the "Ogawa" bacteria in this country. This is considered the most dangerous strain because symptoms vary from person to person.

Health authorities told local press that the "Ogawa" bacteria is present in Lima and Mexico and could have been brought to this country by individuals who did not exhibit the usual symptom of acute diarrhea.

Two More Cholera Cases Confirmed in Rio Abajo

PY1009120091 La Paz Television Boliviana Network in Spanish 0200 GMT 10 Sep 91

[Summary] Doctor Roberto Vargas, director of the Health Ministry Epidemiology Department, has reported that two more cholera cases were confirmed in Rio Abajo last weekend; one in Palomar district and one in Castilloma district. No further cases have been reported in Villa 16 de Julio District while the outbreak in Villa Dolores district is almost under control according to Vargas.

Cholera Spread Apparently Under Control

PY1109141491 La Paz Radio Fides Network in Spanish 1100 GMT 11 Sep 91

[Excerpt] According to an official Health Ministry report, no more cholera cases have been reported in the country. Roberto Vargas, director of the Health Ministry Epidemiology Department, said the ministry did an outstanding job last week. [Begin recording]

The situation has not changed. Nine cholera cases were confirmed, and 11 are regarded as possible. Besides the cases detected in Villa 16 de Julio district and [words indistinct]. In [number indistinct] days no more cases were reported. The situation in Villa Dolores was overcome. The problem still exists in Rio Abajo, where the latest cholera case was reported on 5 September. [end recording] [passage omitted]

BRAZIL

Fifty-one Cholera Cases Reported

PY2308172891 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 20 Aug 91 p 10

[Summary] Baldur Schubert, chairman of the National Commission for the Prevention of Cholera [Comissao Nacional da Prevencao a Colera], said that 51 cholera cases already have been reported in Brazil and that 10 new cases were reported last week.

Six More Cases of Cholera Confirmed in Alto Solimoes

PY2408192291 Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 24 Aug 91

[Summary] Baldur Schubert, chairman of the National Commission for the Prevention of Cholera, has confirmed the existence of six more cholera cases in Alto Solimoes, three in Tabatinga and three in Benjamin Constant in the Amazon. The number of cases reported in Brazil now totals 64.

Nine New Cholera Cases in Amazonia

PY2808144891 Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 28 Aug 91

[Summary] The Health Ministry has reported nine new cholera cases in upper Solimoes in Amazonia. So far, 73 people have been contaminated with this disease.

Government Concerned About Cholera, Lack of Hospitals

PY0709152291 Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 7 Sep 91

[Summary] The Health Ministry's National Hospitals Federation is extremely concerned about the increasing number of cholera cases in the country because there are currently not enough medical facilities to handle an epidemic.

Health Minister Alceni Guerra admitted there is a cholera outbreak in the Solimoes River region and he confirmed that 101 cholera cases have already been registered in the country.

Health Ministry Reports 129 Cholera Cases in Amazonas

PY1409144491 Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 14 Sep 91

[Summary] The Health Ministry has reported that there are 129 cholera cases in upper Solimoes, Amazonas State, and that the cases are expected to increase.

CHILE

State of Emergency Along Bolivian Border Due to Cholera

PY0209131891 Santiago Radio Nacional de Chile Network in Spanish 1100 GMT 2 Sep 91

[Excerpts] Arica health authorities have declared the Bolivian border in a state of emergency in view of some 60 cases of cholera registered in that neighboring country. [passage omitted]

The Arica anti-cholera committee has adopted special control measures at border checkpoints, the local airport, and railway stations.

Salvador Urrutia, head of the Arica Health Department, has stated that the checking of vehicles and people arriving in Chile from Bolivia has increased. These measures are similar to those adopted at the beginning of this year when the cholera epidemic broke out in Peru. Urrutia said that despite the seriousness of the epidemic in Peru, so far no cases have been registered in Arica, and he hoped that the situation will stay that way.

The measures implemented in Arica entail the fumigation and sealing of bathrooms on buses, trains, and aircraft, medical tests for people with suspicious symptoms, and the confiscation of foodstuff, mainly vegetables, fruit, fish, and other seafoods carried by passengers.

COSTA RICA

Health Ministry Issues Statistics for Measles Epidemic

PA1409195191 Panama City ACAN in Spanish 1649 GMT 14 Sep 91

[Text] San Jose, 14 Sep (ACAN-EFE)—According to Health Ministry statistics disclosed today, the measles epidemic, which broke out in Costa Rica in November, has infected 3,566 persons and claimed 21 fatal victims.

The disease that has affected people of all ages is concentrated mainly in the Costa Rican Atlantic and Pacific regions.

According to the Health Ministry's Epidemiologic Department, although the disease has now caused more deaths than the last epidemic in 1986, the critical period "is almost over," and the continued spreading of the disease is not foreseen.

Elias Jimenez, president of the Costa Rican Social Security Institute, explained that the persons who have died belong to very low income groups, who do not have access to medical treatment, and who usually are infected with other diseases.

Jimenez denied that the large number of measles victims is due to the lack of vaccines or that the patients did not receive adequate medical attention at the public health institutions.

According to Emilia Leon, general health director, the measles epidemic in Costa Rica cannot be considered of great magnitude, if one compares this disease's effects with those in the other Central American nations.

GUATEMALA

Health Authorities Report New Epidemic

PA1508153191 Panama City ACAN in Spanish 1756 GMT 14 Aug 91

[Text] Guatemala City, 14 Aug (ACAN-EFE)—Health authorities reported on 14 August that more than 500 Guatemalans have been affected by a new outbreak of a disease similar to cholera called shigellosis. In 1969, 12,500 persons died from this disease, the health authorities noted.

This new epidemic has worsened the situation created by the cholera outbreak detected on 24 July in the country, especially near the Mexican border.

Shigellosis is a diarrheic disease very similar to cholera, but with shigellosis, the cause of death is colic. Health Ministry sources have explained. In providing more details, the sources noted that the feces of the people with this disease can be liquid, semi-liquid, or viscous and have a "characteristic smell."

The first outbreak of this disease was detected in Rabinal Municipality, Baja Verapaz Department, where 500 peasants have it. There are other cases in the southern towns of Amatitlan and Sacatepequez. The authorities are now investigating reports on the possibility of a new outbreak in Chiquimula (in the east) and Quezaltenango.

Shigellosis, like cholera, is a disease fed by poverty. Precarious health conditions in developing countries contribute to the rapid spread of the disease, especially through the drinking of contaminated water and the eating of contaminated food.

In Guatemala, with a population of 9.5 million, 80 percent of the people live in poverty, 57 percent have no access to health services, 61 percent have no access to drinking water, and 52 percent are illiterate.

According to Health Ministry sources, the only way to check the epidemic is through prevention, by informing the people how to improve the environment and about the proper use of latrines, adequately enclosing domestic animals, etc.

Meanwhile, Rudy Cabrera, the general director of the Health Services Department, has reported that 51 persons have been infected with cholera over the past 21 days.

According to police and press reports that have been rejected by Health Minister Miguel Angel Montepeque, two men and one woman from the southern coast of Guatemala have died of cholera.

The minister maintains that the cholera epidemic has been controlled, but Cabrera insists that cases of cholera continue to increase, especially along the border with Mexico, where precarious health conditions contribute to the spread of the disease.

HONDURAS

Health Ministry Lacks Funds To Fight Dengue Epidemic

PA1309023791 Panama City ACAN in Spanish
1556 GMT 11 Sep 91

[Text] Tegucigalpa, 11 Sep (ACAN-EFE)—The Honduran Public Health Ministry lacks the necessary budget to fight the epidemic of hemorrhagic dengue detected in August, official sources said today.

Public Health Minister Cesar Castellanos disclosed that the government needs \$2 million to carry out a contingency plan against hemorrhagic dengue. Approximately seven cases have been detected over the past three weeks.

Castellanos explained that all of the persons affected by the virus must be hospitalized an average of five days, as the mortality rate for this type of dengue is 30 to 40 percent.

Each patient must be treated with high doses of serum and antibiotics, which raises the health sector's cost of operation to levels not contemplated in the health budget deficit in this country.

Unofficial sources have said that to increase the insect spraying campaigns and provide health centers with adequate medications, it has been necessary to transfer funds from the budget allotted for fighting cholera, a disease that has not yet been reported in Honduras.

The health authorities announced that a state of "emergency" will be ordered when 10 cases of hemorrhagic dengue cases are reported, and that they will then request more financial and technical aid from abroad.

The government hopes the epidemic will follow the same trend it did in Venezuela, where there were only 8,000 cases, and not as happened in Cuba, where the disease has infected over 50,000 persons during the past decade.

MEXICO

Information on Cholera Epidemic Ordered Withheld

PA0709025791 Madrid EFE in Spanish 2038 GMT
6 Sep 91

[Text] Mexico City, 6 Sep (EFE)—Mexican health officials have been ordered by their superiors not to release

information on the cholera epidemic in the country; "official" statistics remain below the numbers published by the daily press.

Jesus Rubio, director of the Health Center in Izucar de Matamoros, said last night that, in accordance with orders received on 31 August, they could not release information on the cholera epidemic. The orders came from Guillermo Salomon Santibanez, head of the health sector in Puebla State.

However, hospitals of the Mexican Social Security Institute (IMSS) reported today four new cholera cases in Santiago Atzala, Puebla State, and two deaths in Izucar de Matamoros in the same state.

Sources who asked not to be identified said that there were 27 cases in Izucar de Matamoros who were transferred, probably to the hospital in Metepec, Puebla State.

In Mexico City, sources from the sanitary education section of the Health Secretariat in the office of the deputy mayor of Coyoacan said on 5 September that they had received "two possible cases" of cholera, but that it is forbidden to report on the problem.

The officials said: "We, the doctors who are public health workers, have been forbidden to talk about the topic because the only authority who has the information and the capacity to talk about it is Jesus Cumate, health and public assistance secretary." However, the sources stated that the cholera outbreak has escaped the control of the Mexican and Latin American health services.

Jesus Cumate acknowledged on 5 September in northern Chihuahua State that eight persons have died in Mexico due to cholera and that 700 cases have been registered in the country, but the official statistics from state officials register a minimum of 10 deaths and 785 cases.

Every Friday in Mexico City, the Health Secretariat issues a report on the new cases registered, but does not mention any totals.

For his part, Humberto Pliego Arenas, president of the Health Commission of the Assembly of Representatives in Mexico City, announced on 5 September that the head of the Medical Services Department of the Mayor's Office will appear next week before the Health Commission. He will be questioned with regard to everything that has been done to control the epidemic.

Pliego Arenas said that Health Secretary Cumate himself had promised to report to the assembly on the measures implemented and possible outbreaks.

Mexican television minimizes news concerning the spread of the cholera epidemic and broadcasts announcements inviting the people to drink boiled water to avoid gastrointestinal diseases, but without mentioning cholera.

Meanwhile, in Campeche State, the Public Health Services have confirmed six new cases in a camp for Guatemalan refugees in Kanasayab, Champoton Municipality.

PANAMA

Minister Confirms Cholera in Darien Province

PA1409142691 Panama City Circuito RPC Television in Spanish 2300 GMT 13 Sep 91

[Text] Confirming a last minute report aired by RPC Television last night, Health Minister Guillermo Rolla Pimental minutes ago during a new conference, announced the arrival of cholera in Panama. [Begin Rolla recording]

Preliminary laboratory reports allow us to make the following diagnosis: The samples taken from patients in Darien Province indicate *vibrio cholerae*, that is, cholera.

Epidemiologic report: In the Pinogana area along the Tuirá Chico River. Clinical report: There are 15 patients who show symptoms that lead us to believe they have cholera. Two of them are confirmed as having the disease; three were hospitalized, are in good health, and could be released tomorrow. One of them died, not so much from cholera—although he did have cholera—but of complications, because this patient was taking medication and was asthmatic. However, I repeat, he did have cholera.

Our main problem is environmental health. We have adopted local measures including the testing of samples of all food leaving that area, which will be banned or subjected to quarantine and the respective sanitary customs measures. We will also adopt nationwide preventive measures among vendors of food, especially the uncooked sort, including fruit juice, ceviche [food made with raw fish], and so on.

We ask all workers to cooperate because we do not want to take away anyone's job, but we must protect the health of the entire population. We also ask those who use water in their work, such as car washers and gardeners, to cooperate.

Above all, we are involved in an education campaign in which the media plays a central role. The slogan is: Wash your hands and boil and chlorinate water. Panamanians: Your commitment is to not contaminate water. Our Choco, Guaymi, and Kuna friends and brothers, please, do not contaminate water. To all Panamanians I say: Do not defecate or clean yourselves with water of rivers and streams. [end recording]

PARAQUAY

Leishmaniasis Affects 1,000 in San Pedro de Ycuamandiyu

PY0309222891 Asuncion ULTIMA HORA in Spanish 2 Sep 91 p 27

[Summary] The outbreak of leishmaniasis in San Pedro de Ycuamandiyu already has affected some 1,000 individuals despite efforts by the Health Ministry and Senepa [National Service for the Eradication of Malaria] authorities who have been distributing free medicines in the zone.

URUQUAY

First Victim of Measles Outbreak Registered

PY2308150091 Madrid EFE in Spanish 0353 GMT 22 Aug 91

[Summary] It was officially disclosed in Montevideo today that one person has died and another 671 people are affected by the outbreak of measles in Uruguay. According to Gloria Ruocco, head of the Health Ministry Epidemics Department, there are a total of 330 cases in Saltos, on the Argentine border.

BANGLADESH

Diarrhea Epidemic in Southeast

91WE0497 Dhaka *THE BANGLADESH OBSERVER*
in English 20 Jul 91 p 20

[Text] Noapara, 17 July—Diarrhoea has claimed 533 lives and 51,521 persons have been attacked with the disease in 14 south-eastern districts of the country during the last 4 months.

The district-wise deaths are as follows: 60 persons died, out of 5,728 patients in Khulna, 2 died out of 113 patients in Satkhira, 17 died out of 3,207 in Bagherhat, 34 died out of 3,882 in Jessore, 30 died out of 995 in Magura, 7 died out of 750 in Kushtia, 8 died out of 2,081 in Chuadanga, 95 died out of 5,969 in Barisal, 14 died out of 1,006 in Pirojpur, 53 died out of 9,835 in Barguna, 100 died out of 6,206 in Potuakhali, 98 died out of 7,751 in Bhola, 15 died out of 4,002 patients in Zhalakhati district.

A high official from the local Health Department stated that lack of proper sanitary arrangement, want of pure drinking water in villages, adulterated foodstuffs and hotspell are the main cause of break out of diarrhoea in an epidemic form.

Unknown Virus Attacks Cattle, Thousands Affected

91WE0518A Dhaka *THE NEW NATION* in English
2 Aug 91 p 2

[Article by staff reporter: "100 Cows Perish, Thousands Attacked; Fresh Outbreak of Cattle Diseases in Jamalpur"]

[Text] Jamalpur, Aug 1—A large number of cattlehead have been attacked with diseases in affected areas under seven upazilas at Jamalpur district. The worst affected upazilas are Madarganj, Dewanganj and Islampur.

According to an unofficial source, at least 100 heads of cattle have died so far. The diseases locally known as 'golashafa', 'radri' and 'khura' cripple the affected cattle and they cannot walk and eat grass due to infection in jaws and hooves.

Another disease 'Haemorrhagic' septicaemia locally known as 'golafula' has broken out alarmingly. At present over 25,000 head of cattle are suffering from the diseases in different flood hit villages at the district.

It is alleged that most of the cattle died due to wrong treatment by unqualified doctors, compounders, clerks, dressers, peons and field assistants at the upazila level livestock hospital.

It is alleged that since the outbreak of the diseases, no attempt for vaccinations of the cattle and buffaloes was initiated by the Livestock Department.

When contacted some livestock officials informed that the outbreak of cattle disease remained unabated as the villagers more or less were reluctant to vaccinate their cattlehead.

On the other hand, farmers alleged that field assistants are not inclined to vaccinate the cattle, or poultry birds without illegal gratification. It is alleged that on an average about 90 cows are refused treatment every day at the animal husbandry hospitals.

One Abul Hasheen of village Gualirchar under Islampur upazila told this reporter that 100 cattlehead were suffering from foot and mouth diseases in the upazila.

The local hospital authorities expressed their inability to go to the village or to help them with medicine.

Some villagers alleged that valuable medicine of livestock hospitals are regularly black marketed by dishonest doctors.

When contacted, an official of the District Livestock Department told that the virus diseases were quite unknown to them. The smuggled cattlehead are carrying this virus to Bangladesh, he opined.

INDIA

Reportage on Gastroenteritis, Related Diseases

Maharashtra Committee

91WE0499 Bombay *THE TIMES OF INDIA*
in English 26 Jul 91 p 3

[Text] Bombay, 25 July—The chief minister, Mr. Sudhakarrao Naik, today intervened to assure the state legislative assembly that a committee of MLAs [Members of Legislative Assembly] from both sides of the house would be set up to investigate the deaths of 331 people in the state due to gastroenteritis and jaundice.

The ruling party members joined the opposition members in attacking the working of the public health department for failure in checking the spread of gastroenteritis in several parts of the state.

They were not satisfied with a mere inquiry by the government and some measures suggested by the department.

The minister of the state for public health, Mr. Digvijay Khanvilkar, while replying to the debate in the house over the sensitive matter suggested that a high-level meeting would be convened by the chief minister to consider the situation, but members continued to demand the setting up of a house committee.

Mr. Khanvilkar tried to explain that three departments were concerned with the issue but members wanted to know whether the government would take action against the guilty officers.

Epidemic in Andhra Pradesh

91WE0499 *Bombay: THE TIMES OF INDIA*
in English 24 Jul 91 p 11

[Text] Hyderabad, 23 July—About 300 people have died of gastroenteritis in Andhra Pradesh this month. In all, over 700 people have been killed by gastro epidemic this year.

This is one of the worst tolls taken by epidemics in recent years. An outbreak of Japanese encephalitis in 16 districts had claimed 638 lives in 1986. At present the state government has deployed 255 medical teams in 14 districts to combat gastro epidemic though the 722 deaths reported so far have occurred in nine districts.

A campaign is on to educate people about precautions to be taken. There are regular telecasts of such appeals. And district collectors have been asked to supervise the fight against the epidemic and submit daily reports.

Hyderabad accounts for the highest number of gastro cases treated in hospitals, over 3,400 though deaths were only 20.

Gastroenteritis, Cholera in Madhya Pradesh

91WE0499 *New Delhi: PATRIOT* in English 17 Jul 91 p 2

[Text] Bhopal, 16 July (UNI)—The Congress members in the Madhya Pradesh Vidhan Sabha today staged a walkout and later boycotted the proceedings of the House for the day protesting against the State Government's "lack of interest" in holding a discussion over the deaths due to gastroenteritis and cholera in the State.

Raising the issue during zero hour, Motilal Vora (Congress) said although hundreds of people had died, the Government was trying to shy away from discussion in the House. The matter had been raised in the House during the past few days but the Government did not submit its reply.

He said the delay in submitting the reply and holding discussion in the House was of a "serious nature" and hence a time should be fixed for the discussion. When the ruling BJP [Bharatiya Janata Party] members continued to interrupt, the Congress members Satya Narayan Sharma, Kantilal Bhuria and Jalam Singh Patel were on their feet demanding discussion.

Congress deputy leader in the Vidhan Sabha Krishna Pal Singh said the matter had been brought before the Business Advisory Committee but a date for discussion had not been fixed. Alleging that the State Government was trying to escape from discussion over such a serious issue, Mr. Singh announced his party's boycott against the Government's attitude.

A total of 432 people died of gastroenteritis in 16 districts of Madhya Pradesh between 1 January and 10 June this year.

In a written reply, Minister of State for Health Dr. Rajendra Prakash said as many as 160 people including 38 women and 88 children, died in the predominantly tribal district of Bastar alone. The disease also claimed 65 lives in Shahdol, 47 in Seoni and 31 in Sagar district during the period.

Deaths due to gastroenteritis were also reported from Morena, Datia, Khandwa, Balaghat, Durg, Raipur, Satna, Damoh, Rajnandgaon, Bilaspur, Jabalpur and Ujjain districts.

Fifty-four New Cholera Cases Within Past 6 Days

JN2808162591 *Baghdad: INA* in English 1450 GMT
28 Aug 91

[Text] Baghdad, Aug 28, INA—The health offices in Iraq had registered during the past six days 54 new cases of cholera.

A Health Ministry source told INA that the new infections were 24 in al-Sulaymaniyah Province, 13 in Diyala Province, 8 in Baghdad Province, 3 in al-Najaf Province, 2 in Ninawa and al-Muthanna Provinces and one case in Karbala' and Wasit Provinces.

Fifty-Two Cholera Cases in Governorates

JN0409151091 *Baghdad: INA* in Arabic 1250 GMT
4 Sep 91

[Text] Baghdad, 4 Sep (INA)—Fifty-two cholera cases, including one fatality, have been detected over the past six days, according to official records.

Dr. 'Abd-al-Amir al-Thamiri, head of the Department of Health Care and Protection of the Environment, told INA that 16 cases were reported in al-Sulaymaniyah, seven in Baghdad, 11 in Diyali, four each in Dahuk and Irbil, three each in al-Anbar and Wasit, and one each in al-Muthanna and Karbala'. [figures as received]

The patients are now receiving intensive care at Iraqi hospitals and health clinics.

Cholera, Blindness Cases Up; Water Contaminated

JN0509092791 *Baghdad: INA* in Arabic 0734 GMT
5 Sep 91

[Text] Baghdad, 5 Sep (INA)—A Health Ministry report reveals that there is a rise in blindness and cholera cases due to the shortage of medicine and foodstuffs as a result of the siege on Iraq.

The report published today by the newspaper AL-JU'MHURIYAH says that blindness cases recently went up by 10 percent. The report notes that the number of surgical operations for the major causes of blindness dropped to 629 during the first half of the current year as

a result of the lack of medical supplies; during the same period last year, the number was 6,012.

The report confirms a rise in the number of eye inflammation cases due to disease and other problems, and their aftereffects. Some of the cases result from general illnesses such as diabetes and blood pressure, and others to the malfunction of diagnostic devices such as lasers.

Meanwhile, the report explains that cholera cases have increased to 1,640, including 4 deaths.

The report also points out that bacteriological tests on drinking water show 14 percent contamination in al-Anbar Governorate, 42 percent in Diyala Governorate, and 52 percent in al-Basrah Governorate.

More Cholera Cases Reported in Governorates

JN1109125791 *Baghdad INA in Arabic* 1200 GMT
11 Sep 91

[Text] Baghdad, 11 Sep (INA)—The Iraqi health departments registered 39 [as received] cholera cases over the past week. In a statement to INA, the director of the Contagious Diseases Department, said that the cases were detected throughout the governorates of Iraq as follows: 13 cases were reported in al-Sulaymaniyah, six in Baghdad, eight in Diyali, four in Irbil, two each in al-Anbar and Wasit, one each in Karbala' and Ninawa, and three in Dahuk.

The patients, who are receiving intensive care at the Iraqi medical centers, are recovering now.

Fatalities, Communicable Diseases in Dhi Qar

JN0209143891 *Baghdad INA in Arabic* 1310 GMT
2 Sep 91

[Text] Dhi Qar, southern Iraq, 2 Sep (INA)—Since its imposition, the medical embargo against Iraq has caused the death of 619 Iraqi children in the governorate of Dhi Qar.

Director of Dhi Qar health department told INA that the deaths were caused by severe shortage of medicines and vaccines. He also stressed that growing numbers of people are contracting communicable diseases because of the medicine shortage. He said the health centers in the governorate have registered the following: One hundred and thirty-one typhoid infections, 35 cholera cases, 14 tetanus cases, five measles cases, 43 mumps cases, four chickenpox cases, nine scabies cases, one case of bacteriological meningitis and diphtheria, 201 viral hepatitis cases, eight pneumonia cases, 17 active tuberculosis cases, and one case of whooping cough.

Health Official Says 14,333 Children Dead From Embargo

JN2608132991 *Baghdad INA in English* 1248 GMT
26 Aug 91

[Text] Baghdad, Aug 26, INA—Some 14,333 Iraqi children under 5- years old died owing to the iniquitous economic blockade imposed on the people of Iraq.

Health Undersecretary Dr. Shawqi Sabri told INA that the shortage in vaccines, medicine and other medical appliances and malnutrition resulting from the economic embargo on Iraq were the direct and principal causes of children mortality, confirming that the next months would see acute increase in children mortality because of the continuity of the unjust blockade and the failure in implementing the preventive and curative health programs in Iraq.

He appealed to the world health and humanitarian organizations to exert further and serious efforts for lifting the blockade imposed on the people of Iraq and saving thousands of children from possible death.

Doctor Blames Miscarriages on U.S. Overflights, Embargo

JN0409085391 *Baghdad INA in Arabic* 0800 GMT
4 Sep 91

[Text] Mosul, capital of Ninawa Governorate, 450 km northwest Baghdad, 4 Sep (INA)—The provocative U.S. flights over the Ninawa Governorate have caused 816 miscarriages over the past two months.

Dr. Nada Ramzi al-'Umari, an obstetrician and specialist on women's diseases at Mosul's hospital, said that miscarriages at the hospital totaled 424 cases as a result of the overflights and the economic blockade imposed against Iraq.

She said that psychological factors and severe shock are among the causes of death for the fetus in the uterus.

In a statement to the newspaper AL-JUMHURIYAH published here today, she said that the percentage of miscarriages in the hospital reached 17 percent, which is more than the world rate, which averages between 10 and 5 percent [figures as received].

She noted that the number of newborns who died over the past month reached 37 due to the absence of medical care for pregnant women, such as adequate nutrition during pregnancy.

Dr. 'Abd-al-Hamid Mahmud, manager of al-Khansa' Maternity Hospital said that the number of miscarriages during July and August totaled 392 cases, and that 39 newborns died over the past month.

Over 2 Million Diarrhea Cases Registered; Polio Cases Rise

JN0109144791 *Baghdad AL-THAWRAH* in Arabic
30 Aug 91 p 4

[Article by the AL-THAWRAH correspondent]

[Text] The Health Ministry has registered 2.011 million diarrhea cases, of which 470,000 were so acute that they required hospitalization. About 2.5 million liters of intravenous solutions were used.

Twenty-nine poliomyelitis cases have also been registered.

This was told to AL-THAWRAH by Dr. Ahmad Hardan, director of the Communicable Disease Control Center at the Ministry of Health. He said the Ministry had been implementing a plan to eradicate poliomyelitis by 1994, and that it managed to reduce the number of cases to 11 in 1989. However, the blockade against our struggling country led to this new rise in the cases because of the unavailability of vaccines and other medical supplies.

Over 15,000 Typhoid Cases Registered Since January

JN0909195191 *Baghdad INA* in Arabic 1432 GMT
9 Sep 91

[Text] Baghdad, 9 Sep (INA)—Over the last few months of this year, 15,417 Iraqis contracted typhoid as a result of the U.S.- Atlantic-Zionist aggression and the medical embargo against the Iraqi people.

Explaining the causes, Dr. Ahmad al-Hardan, director of the Communicable Diseases Control Center at the Ministry of Health, told INA that water is contaminated with salmonella now that the water purification plants have been destroyed in the brutal aerial attacks during the U.S.-Atlantic-Zionist aggression. Another reason, he said, is the shortage of medicine and medical supplies needed to cure and prevent the disease—the shortage caused by the economic blockade against Iraq.

Health Ministry Blames 936 Malaria Cases on Embargo

JN1409163991 *Baghdad INA* in English 1530 GMT
14 Sep 91

[Text] Baghdad, Sep 14, INA—Some 936 persons were infected with malaria over the past months as a result of the economic and medical blockade imposed on the people of Iraq.

A Health Ministry source told INA that the shortage in the necessary medicine for treating this disease were the cause in failing to combat the parasites.

The source appealed to the world humanitarian and health organizations to work for lifting the economic blockade imposed on Iraq and its adverse effects on its people.

SYRIA

Health Minister Explains Efforts to Combat Leishmaniasis

JN2908053291 *Damascus AL-BATH* in Arabic
25 Aug 91 p 6

[Excerpts] At a meeting with directors of health departments, Health Minister Dr. Iyad al-Shatti said: We would like to see the Ministry of Health devote its work to promoting health rather than tackling illnesses. This is what we have been repeatedly saying. The Ministry of Health does not denote illness; its tasks are not confined to treating sick people. It also denotes health, because health is a basic element in economic and social development. The objective of safeguarding public health is not attainable by the mere provision of hospitals, health centers, and physicians. This must be coupled with an effort to secure other conditions, such as protecting the environment, public hygiene, and water. This is because we are all aware of the numerous diseases that can result from a polluted environment.

The health minister added: From time to time, we are surprised by the outbreak of unexpected diseases. Or sometimes, the outbreak of these diseases assumes proportions larger than those we have been accustomed to. This is what happened with regard to meningitis and cholera years ago. This year, people are speaking of leishmaniasis or Aleppo button. They are saying that this disease has spread widely in several governorates. The disease is new to people.

The health minister wondered: Are we faced with an epidemic or with a normal phenomenon, similar to what we previously faced?

Health Minister Dr. Iyad al-Shatti made a field tour of some governorates to acquaint himself with the magnitude of the health problem created by leishmaniasis and draw up a plan for combating the disease in cooperation with the other competent agencies. Upon his return to Damascus, the Ministry of Health held a meeting for health directors in the governorates.

What were the topics discussed during this meeting? The meeting's agenda was confined to the following two topics:

1. Leishmaniasis, the disease combating plan, including spraying.
2. Absorbing doctors into the Ministry of Health.

The health minister began by talking about his tour in the governorates. He said: The spraying plan has been implemented. We are currently appraising its effectiveness. He added: We are fully aware of the situation and tackling the problem. We need every possible assistance in our efforts to tackle this issue. [passage omitted]

The health minister added: Let us return to the question which we raised at the outset. Does the current spread of leishmaniasis mean that we are facing an epidemic?

From the figures submitted and discussed at the meeting held by health directors we can say that there are governorates that are completely free of the disease, and that there are other governorates which have only recently been plagued with the disease. In the final analysis, this does not represent an epidemic. Besides, three persons per 10,000 are in danger of contracting the disease. This does not mean that we should be lax in our efforts to combat the disease through spraying and using all kinds of preventive treatment.

If we are to use figures regarding the spread of leishmaniasis, we will find that infection is distributed as follows:

Aleppo: 2,700 cases

Tartus: 250 cases

Latakia: 244

Al-Hasakah: 200 cases

Damascus: 17 cases involving foreigners.

As for the remaining governorates, these are free of the disease. The disease combating and spraying plan is yielding positive results. The evidence of this is that there were 16 infections of the disease in Hamah in June. They were reduced to only one in July, the health minister said.

Therefore, the Ministry of Health is following the issue closely. It is cooperating with the Ministry of Local Administration and a chemical establishment to secure the material required for combating the disease, a process which started in June. Moreover, the Health Ministry experts are conducting spraying operations after insecticides have been made available. [passage omitted]

Disease Statistics

[Text]

917C0460 Moscow VESTNIK STATISTIKI in Russian
No 12, Jan 91 pp 48-51

[Nine tables taken from VESTNIK STATISTIKI, under the head "Morbidity Rates Among the Population"]

Morbidity rates for alcoholism and drug abuse

| | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 |
|---|-------|-------|-------|-------|-------|-------|
| Individuals newly diagnosed with | | | | | | |
| alcoholism or alcoholic psychosis | | | | | | |
| in thousands | 545.7 | 601.3 | 548.0 | 510.8 | 439.1 | 426.5 |
| per 100,000 population | 205.8 | 216.9 | 195.8 | 180.7 | 153.8 | 148.9 |
| drug abuse or toxic-substance abuse | | | | | | |
| in thousands | 3.6 | 9.6 | 16.4 | 24.3 | 17.1 | 15.4 |
| per 100,000 population | 1.3 | 3.5 | 5.8 | 8.6 | 6.0 | 5.4 |
| Individuals registered at treatment-and-prevention facilities (at year's end) with a diagnosis of | | | | | | |
| alcoholism or alcoholic psychosis | | | | | | |
| in thousands | 3289 | 4491 | 4551 | 4625 | 4580 | 4297 |
| per 100,000 population | 1235 | 1613 | 1618 | 1628 | 1598 | 1495 |
| drug abuse or toxic-substance abuse | | | | | | |
| in thousands | 36.2 | 41.5 | 47.9 | 61.1 | 69.5 | 73.4 |
| per 100,000 population | 13.6 | 14.9 | 17.1 | 21.5 | 24.3 | 25.5 |

Morbidity rates for venereal disease

| | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 |
|---|-------|-------|-------|-------|-------|-------|
| Individuals newly diagnosed with | | | | | | |
| syphilis | | | | | | |
| in thousands | 52.4 | 26.8 | 21.1 | 16.0 | 12.6 | 11.9 |
| per 100,000 population | 19.7 | 9.7 | 7.6 | 5.6 | 4.4 | 4.1 |
| gonorrhea | | | | | | |
| in thousands | 392.6 | 313.1 | 264.8 | 243.9 | 258.9 | 302.9 |
| per 100,000 population | 148.0 | 113.0 | 94.6 | 86.3 | 90.7 | 105.7 |
| Individuals with syphilis registered at treatment-and-prevention facilities | | | | | | |
| in thousands | 313.1 | 210.7 | 181.9 | 152.2 | 125.3 | 103.9 |
| per 100,000 population | 117.6 | 75.6 | 64.7 | 53.6 | 43.7 | 36.2 |

Individuals newly diagnosed with venereal disease in 1989, by sex and age

| | Syphilis, in thousands | | Gonorrhea, in thousands | | Per 100,000 individuals of same age | | | | |
|----------|------------------------|------|-------------------------|-------|-------------------------------------|----------|--------|-----------|--------|
| | Age, in years | Male | Female | Male | Female | Syphilis | | Gonorrhea | |
| | | | | | | Male | Female | Male | Female |
| All ages | 6.4 | 5.5 | 168.6 | 134.3 | 4.7 | 3.6 | 124.7 | 88.7 | |
| 0-14 | 0.03 | 0.04 | 0.2 | 2.2 | 0.1 | 0.1 | 0.5 | 6.0 | |
| 15-17 | 0.2 | 0.3 | 10.8 | 14.8 | 2.3 | 4.9 | 162.6 | 229.1 | |
| 18-19 | 0.2 | 0.6 | 26.6 | 23.4 | 5.5 | 13.8 | 385.1 | 579.4 | |

Individuals newly diagnosed with venereal disease in 1989, by sex and age (Continued)

| Age, in years | Syphilis, in thousands | | Gonorrhea, in thousands | | Per 100,000 individuals of same age | | | |
|---------------|------------------------|--------|-------------------------|--------|-------------------------------------|--------|-----------|--------|
| | | | | | Syphilis | | Gonorrhea | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 20-29 | 2.9 | 2.5 | 106.4 | 66.5 | 12.9 | 11.3 | 477.3 | 302.3 |
| 30-39 | 1.9 | 1.3 | 26.3 | 19.7 | 8.4 | 5.7 | 118.5 | 87.7 |
| 40 or older | 1.2 | 0.8 | 8.3 | 7.7 | 2.9 | 1.3 | 19.7 | 12.9 |

Morbidity rates for active tuberculosis

| | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 |
|--|-------|-------|-------|-------|-------|-------|
| Individuals newly diagnosed | | | | | | |
| in thousands | 133.1 | 126.8 | 125.4 | 123.7 | 119.8 | 114.5 |
| per 100,000 population | 50.2 | 45.7 | 44.8 | 43.7 | 42.0 | 40.0 |
| Those with active tuberculosis of the respiratory organs | | | | | | |
| in thousands | 116.1 | 113.7 | 112.4 | 111.1 | 107.5 | 102.9 |
| per 100,000 population | 43.7 | 41.0 | 40.2 | 39.3 | 37.8 | 35.9 |
| Individuals registered at medical facilities | | | | | | |
| in thousands | 696.7 | 611.8 | 614.4 | 611.4 | 603.4 | 582.4 |
| per 100,000 population | 262 | 220 | 218 | 215 | 210 | 203 |

Morbidity rates for malignant neoplasms

| | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 |
|---|------|------|------|------|-------|-------|
| Individuals newly diagnosed | | | | | | |
| in thousands | 544 | 616 | 641 | 661 | 677.0 | 676.5 |
| per 100,000 population | | | | | | |
| without elimination of effect of age structure | 205 | 222 | 229 | 234 | 237 | 236 |
| with elimination of effect of age structure | 243 | 261 | 268 | 270 | 271 | 268 |
| Individuals registered at treatment-and-prevention facilities | | | | | | |
| in thousands | 2226 | 2635 | 2730 | 2833 | 2937 | 2816 |
| per 100,000 population | 836 | 946 | 971 | 997 | 1025 | 979 |

Individuals newly diagnosed with malignant neoplasm in 1989, by sex and age

| Age, in years | Thousands | Both sexes | Per 100,000 population* | |
|---------------|-----------|------------|-------------------------|--------|
| | | | Male | Female |
| All ages | 676.5 | 267.8 | 358.3 | 218.7 |
| 0-29 | 18.9 | 5.8 | 5.7 | 6.0 |
| 30-39 | 29.9 | 9.4 | 7.3 | 11.3 |
| 40-49 | 65.0 | 31.7 | 31.6 | 31.8 |
| 50-59 | 166.6 | 66.5 | 83.9 | 51.9 |
| 60 or older | 396.1 | 154.4 | 229.8 | 117.7 |

Standardized indices with elimination of effect of population age structure

Individuals newly diagnosed with malignant neoplasm in 1989, by tumor site

| Site | Thousands | | | Per 100,000 Population* | | |
|---------------------------------------|------------|-------|---------|-------------------------|-------|---------|
| | Both sexes | Males | Females | Both sexes | Males | Females |
| All sites | 676.5 | 341.3 | 335.2 | 267.8 | 358.3 | 218.7 |
| Lips, oral cavity, pharynx | 29.0 | 22.8 | 6.2 | 11.6 | 23.3 | 4.0 |
| Esophagus | 18.7 | 12.3 | 6.4 | 7.4 | 13.2 | 4.0 |
| Stomach | 94.4 | 53.8 | 40.6 | 37.5 | 57.1 | 25.6 |
| Rectum, rectosigmoidal junction, anus | 29.2 | 13.1 | 16.1 | 11.5 | 14.2 | 10.2 |
| Liver and intrahepatic bile ducts | 14.8 | 8.4 | 6.4 | 5.8 | 9.0 | 4.0 |
| Pancreas | 20.0 | 10.3 | 9.7 | 7.9 | 11.1 | 6.0 |
| Larynx | 13.5 | 12.7 | 0.8 | 5.5 | 13.1 | 0.5 |
| Trachea, bronchi, lungs | 112.4 | 93.2 | 19.2 | 44.8 | 99.1 | 12.3 |
| Skin | 74.3 | 30.3 | 44.0 | 29.4 | 32.4 | 28.0 |
| Breast (female) | 53.1 | - | 53.1 | 21.4 | - | 37.0 |
| Uterus | 44.1 | - | 44.1 | 17.5 | - | 29.7 |
| Prostate gland | 10.6 | 10.6 | - | 4.2 | 12.1 | - |
| Bladder | 15.4 | 12.3 | 3.1 | 6.1 | 13.5 | 1.9 |
| Lymphatic and hemopoietic tissue | 32.5 | 17.2 | 15.3 | 12.2 | 15.7 | 10.0 |

*With elimination of effect of age structure.

Morbidity rates for AIDS (at year's end)

| | 1988 | 1989 | 1990 (to 10 Oct) |
|--------------------------------------|------|------|------------------|
| All HIV-infected individuals in USSR | 480 | 899 | 1104 |
| HIV-infected Soviet citizens | 113 | 428 | 553 |
| All AIDS patients | 8 | 26 | 51 |
| Soviet citizens with AIDS | 5 | 23 | 48 |
| AIDS deaths among Soviet citizens | 3 | 14 | 28 |

Morbidity rates for individual infectious diseases

| | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 |
|---------------------------------|-------|------|------|------|-------|-------|
| Number of cases, in thousands | | | | | | |
| Typhoid and paratyphoid A, B, C | 16.9 | 17.6 | 13.2 | 12.6 | 11.5 | 9.5 |
| Other salmonellosis infections | 110.4 | 76.3 | 76.5 | 96.1 | 133.5 | 156.6 |
| All acute intestinal illnesses | 1324 | 1601 | 1663 | 1702 | 1815 | 1464 |
| Bacterial dysentery | 464 | 620 | 545 | 558 | 605 | 392 |
| Yersina infections | — | — | 4.9 | 22.8 | 25.0 | 24.2 |
| Brucellosis | 3.5 | 5.1 | 5.4 | 5.4 | 5.1 | 5.3 |
| Diphtheria | 0.35 | 1.51 | 1.16 | 1.08 | 0.87 | 0.84 |
| Whooping cough | 14 | 54 | 18 | 20 | 45 | 37 |
| Scarlet fever | 230 | 278 | 357 | 330 | 215 | 225 |
| Meningococcal infection | 17.0 | 20.0 | 16.4 | 15.4 | 14.2 | 12.3 |
| Cerebrospinal meningitis | 8.1 | 8.1 | 6.3 | 5.9 | 5.3 | 4.7 |
| Tetanus | 0.30 | 0.28 | 0.26 | 0.19 | 0.20 | 0.20 |
| Poliomyelitis | 0.17 | 0.14 | 0.17 | 0.17 | 0.16 | 0.09 |
| Chicken pox | 1363 | 1645 | 1791 | 1712 | 1424 | 1596 |

Morbidity rates for individual infectious diseases (Continued)

| | 1980 | 1985 | 1986 | 1987 | 1988 | 1989 |
|--|--------|--------|--------|--------|--------|--------|
| Measles | 356 | 271 | 165 | 191 | 165 | 52 |
| Viral hepatitis | 802 | 934 | 842 | 861 | 716 | 909 |
| Serum hepatitis (B) | — | 91 | 101 | 119 | 118 | 124 |
| Epidemic parotitis | 1027 | 490 | 545 | 358 | 200 | 165 |
| Rickettsioses | 2.3 | 2.0 | 1.7 | 1.8 | 1.8 | 1.8 |
| Epidemic typhus | 1.1 | 0.5 | 0.4 | 0.4 | 0.4 | 0.3 |
| Malaria | 1.1 | 2.7 | 2.2 | 1.6 | 1.8 | 1.4 |
| Influenza and acute upper respiratory infections | 60,359 | 71,869 | 76,641 | 59,447 | 79,906 | 68,108 |
| Number of cases per 100,000 population | | | | | | |
| Typhoid and paratyphoid A, B, C | 6 | 6 | 5 | 4 | 4 | 3 |
| Other salmonellosis infections | 41.6 | 27.5 | 27.3 | 34.0 | 46.8 | 54.6 |
| All acute intestinal illnesses | 499 | 578 | 594 | 602 | 636 | 511 |
| Bacterial dysentery | 175 | 224 | 195 | 197 | 212 | 137 |
| Yersina infections | — | — | 1.8 | 8.1 | 8.8 | 8.5 |
| Brucellosis | 1.3 | 1.8 | 1.9 | 1.9 | 1.8 | 1.9 |
| Diphtheria | 0.13 | 0.55 | 0.41 | 0.38 | 0.30 | 0.29 |
| Whooping cough | 5 | 19 | 6 | 7 | 16 | 13 |
| Scarlet fever | 87 | 100 | 128 | 117 | 75 | 78 |
| Meningococcal infection | 6.4 | 7.2 | 5.9 | 5.4 | 5.0 | 4.1 |
| Cerebrospinal meningitis | 3.0 | 2.9 | 2.2 | 2.1 | 1.9 | 1.6 |
| Tetanus | 0.11 | 0.10 | 0.09 | 0.07 | 0.07 | 0.07 |
| Poliomyelitis | 0.06 | 0.05 | 0.06 | 0.06 | 0.06 | 0.03 |
| Chicken pox | 514 | 593 | 640 | 605 | 499 | 557 |
| Measles | 134 | 98 | 59 | 67 | 58 | 18 |
| Viral hepatitis | 302 | 337 | 301 | 305 | 251 | 317 |
| Serum hepatitis (B) | — | 33 | 36 | 42 | 41 | 43 |
| Epidemic parotitis | 387 | 177 | 195 | 127 | 70 | 58 |
| Rickettsioses | 0.9 | 0.7 | 0.6 | 0.6 | 0.6 | 0.6 |
| Epidemic typhus | 0.4 | 0.2 | 0.2 | 0.1 | 0.1 | 0.1 |
| Malaria | 0.4 | 1.0 | 0.8 | 0.6 | 0.6 | 0.5 |
| Influenza and acute upper respiratory infections | 22,761 | 25,928 | 27,383 | 21,025 | 27,999 | 23,761 |

Cholera Cases in Odessa Region

LD2608213491 Moscow TASS in English 1404 GMT
26 Aug 91

[Article by UKRINFORM-TASS correspondent
Vladimir Novak]

[Text] Odessa August 26 TASS—The Kiliya district anti-epidemiological commission prohibited bathing and using water from reservoirs near the Danube in the Odessa region, south of the Ukraine. The commission decided this in connection with the fact that a cholera germ has been found in the city of Vilkovo.

Two fishermen from a local fisheries collective farm fell ill on August 19. Next day cholera was diagnosed in a teenager. It was established that all of them drank unboiled water from the Danube. The number of cholera cases has now reached 17.

Teams of bacteriologists from Odessa and the Odessa region, staffers of the Odessa anti-plague station of the USSR and Ukrainian health ministries were sent to Vilkovo to localise the pocket of the disease.

New cases of cholera have not been diagnosed in the past day. Prophylactic and explanatory work is conducted in the pocket of the disease.

Serious Meningitis Outbreak Spreads

LD1508182791 Moscow All-Union Radio Mayak
Network in Russian 1400 GMT 15 Aug 91

[Excerpt] An alarming report has been received from Khabarovsk: The epidemic of the serious meningitis virus, which began in Komsomolsk on Amur, has spread to this town. As the Russian Information Agency reports,

over 300 patients have been registered in the kray, the majority of whom are children of pre-school and primary school age. Epidemiological specialists put the main reason for the outbreak of the disease as irresponsibility on the part of the local authorities. The necessary reagent for decontaminating the water supply was not purchased in time because of their passiveness. Therefore, the water had not passed through its full purification cycle. [passage omitted]

DENMARK

Greenland Public Health System Assessed

91WE0486D Nuuk GRONLANDSPOSTEN in Danish
12 Jul 91 p 8

[Interview with Ruth Lange, chairman of the Greenland chapter of the Danish Nursing Council, by "KR"; date and place not given: "Health System Underfunded"]

[Text] Nuuk—Politicians and the general public have been engaged in a debate on taking over the health services for quite a long time. Some contributions to the debate have also come from the district physicians' association, but there has been little participation by nurses in the public debate. Therefore GRONLANDSPOSTEN asked Ruth Lange, chairman of the Greenland chapter of the Danish Nursing Council, to talk about how the members view the public health system at this time.

A few weeks ago there was a lot of talk about firing people and making cuts in health services because of budget overruns totaling 11 million kroner. But Greenland's health minister, Ove Rosing Olsen, has promised that no one will be fired.

Relieved

KR: What is your comment on Ove Rosing Olsen's initiative?

Lange: I am relieved. This is largely because no one will be fired but also because, as I understand it, the cabinet members in conjunction with the Public Health Service have evaluated what they really want in the longer term. They have taken a look at the finances and I think they seem prepared to start running things so that goals and funds coincide. I think this should be warmly applauded. Ove Rosing Olsen's press release says that every single vacant position should be evaluated. Of course nurses are taking note of that. They feel the standard norms are already just barely adequate because we are talking about net norms. I think the nurses feel that the existing norms are needed in principle. But in my opinion the agreement helps to increase a sense of security. And that is also needed.

Members Nervous

KR: Have members been nervous?

Lange: Yes, because it was something of a bombshell. Nurses are very responsible and conscientious, but they also face enormous demands. They really work hard, they hold everything together and big professional demands are made on them. It is unfair that they must pay the price because they are already so overburdened by the stringent norms. They are always the ones who have to give up their free days and work overtime. I also think people should remember that there is still an imbalance in the nursing service in Greenland. There are still places where nurses are on duty at hospitals around

the clock with unskilled assistants. Assume the responsibility 24 hours a day. This means that the nursing staff must cover every hour of the day. The shifts must be covered regardless of how many patients there are. The other side of this is that the nursing load varies. A very neglected area that needs to be evaluated is the entire externally-oriented function of public hygiene and home nursing. I think it will be exciting to hear what initiatives the Public Health Directorate or the country's politicians come up with in this area in connection with taking over the health system. It is obvious that the more one stresses this side of health care the lower the burden on the treatment sector of the health system.

Takeover the Right Step

KR: Are they ready to take over the health system?

Lange: I think taking over the health system is the right step. I want to stress that, and not least for the sake of the public. But there is no question that health services have been underfunded in Greenland. For example the expansion of the entire primary area that has occurred in Denmark has been absent here. I think much more could have been done to guarantee development and give the public health system some reasonable conditions for growth. I myself have helped to get home nursing started in Greenland and it has been hard work justifying the new features. The health system has been very bound by tradition and therefore one can say that it is good that the country itself will now help determine developments. But I feel it would be desirable for the Danes to acknowledge that they have not provided enough resources through the years to finance the implementation of the new things they wanted in Greenland.

KR: If your basic premise is that the health system has always been underfunded and Ove Rosing Olsen says he can certainly run it for 600 million kroner, do you regard this as meaning that funding will still be inadequate?

Lange: No. I cannot say that. I certainly think one can run a health system for 600 million kroner. But the money must be used differently and that will require restructuring.

Restructuring

KR: What needs to be restructured?

Lange: I think one has to look at the connection between the health policy goals emphasized by the Greenland parliament and the kind of functions needed to meet those goals. It must be realistic, but it can be done if professional people are involved in the process.

KR: Isn't it a possibility that the operation of the health system could easily become a political decision?

Lange: Yes and therefore I think it should be stressed that it is vital to consult professional personnel in advance. I also think it is important to aim at a central leadership and coordination, for example within the nursing sector, to provide direction and a broad outlook.

And also to reach the point where services are more uniform and optimum use is made of resources.

KR: But isn't it utopian to believe that the same service can exist in Nuuk and Niaqornat, for example?

Lange: When I talk in terms of nursing services, one of the things I have in mind is that it should be possible for members of society to have access to health care no matter where they live. I think it should be possible for older people to stay where they want to. I think that when people are sick they should be able to get the help they need as close to home as possible. But people must realize that they can always find themselves in a situation where the health service does not have the necessary specialty where they live. However if it at least exists in this country we have come a step further. Thus I do not think it is utopian to envision a health system with more comprehensive services regardless of where one lives. I also think it should be acknowledged that health system function cannot operate in isolation. There are functions where an interaction with some of society's other functions is necessary, for example social services. The resources could be better utilized through interdisciplinary cooperation but service could also be improved for the public. It will be interesting to see if this is also regarded as politically realistic.

Salmonella in Meat Exported to Sweden

91WE0486F Copenhagen BERLINGSKE SONDAG
in Danish 28 Jul 91 p 11

[Ritzau News Agency (RB) report: "Meat Inspection Intensified After Salmonella Found"—first paragraph is BERLINGSKE SONDAG introduction]

[Text] The Danish Veterinary Directorate is surprised that Swedish food inspectors found salmonella in Danish pork. Now more spot checks will be made.

Inspection at slaughterhouses will be tightened up after Swedish food inspectors found salmonella bacteria in imported fresh Danish pork on three occasions since May. "I think the Swedish reaction with intensified inspection of Danish pork is somewhat drastic but of course we must pursue the matter and we have therefore decided to make more checks," said veterinarian Bent Kirkegaard Petersen, deputy director of Danish Slaughterhouses. He does not think the current case is reason to sound the alarm. "In the three instances concerned the salmonella content was very small. Consumers can continue to feel quite safe," he said.

Inspection is also being intensified in Sweden. Meat will be held back until it has been examined and pronounced free of salmonella bacteria.

The Danish Veterinary Directorate is very surprised by the salmonella finds.

"Of course we are vexed that the Swedes found salmonella for we do not have a big problem with salmonella in pork here at home," said director Erik Stougaard of the Veterinary Directorate.

He added that the three salmonella finds are the first the Swedes have ever made in Danish pork, but in 1988 salmonella was found in imported Danish beet.

The chairman of the National Association of Danish Swine Producers, Soren Platz, also sees no reason for alarm and does not think the case will have much effect on Danish pork exports to Sweden.

Canine Distemper Near Epidemic in Jylland

91WE0486E Copenhagen BERLINGSKE TIDENDE
in Danish 26 Jul 91 p 2

[Article by Jesper Elle: "Distemper Has Spread Throughout Jylland"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Arhus—The dreaded canine distemper is spreading across Jylland. It looks like the start of an epidemic in the opinion of the State Veterinary Serum Laboratory.

Several hundred dogs in Jylland have now been stricken with distemper and the spread of the disease looks like the start of an epidemic, according to a warning from the State Veterinary Serum Laboratory in Arhus.

Several dogs have died from the disease and so far the laboratory in Arhus has found canine distemper in blood samples from over 100 dogs, according to the veterinarian on duty, Per Henriksen, who estimates that as many as 500 dogs have been stricken.

"We are getting more samples from veterinarians every day, but as there is no obligation to report distemper or have a diagnosis confirmed we estimate that the number of dogs with distemper is at least three to four times as large," said Per Henriksen.

Veterinarians normally send blood samples from the first two or three dogs to the serum laboratory for examination and then treat the symptoms in subsequent cases.

These include pneumonia and diarrhea. Nothing can be done to treat canine distemper itself.

"We would like to make reporting distemper cases compulsory so we could get a precise picture of how the disease develops and spreads," Per Henriksen said.

So far distemper has been found in Jylland vacation areas where Per Henriksen estimates there are around 200,000-300,000 dogs.

"There are not that many cases in relation to the total number of dogs, but there is good reason to stress the gravity of the problem and urge dog owners to get their dogs vaccinated as soon as possible."

The new wave of distemper in Denmark started at the beginning of the year in Copenhagen and North Sjaeland, but has now subsided there.

A month ago the first death from canine distemper was confirmed in Djursland which led the chairman of the Randers District Veterinarians' Association, Age Hojbjerg of Grenaa, to warn of an epidemic.

The disease can strike all dogs. It is most harmful to puppies and young dogs and only a few of them survive an attack of distemper. The disease is spread via droplets, just like influenza among human beings. This means that a dog must be in close contact with an infected dog or its feces to catch the disease.

IRELAND

Hospital Staffing at Crisis Point

91WE0489 Dublin *IRISH INDEPENDENT* in English
4 Jul 91 p 6

[Article by Liz Allen: "Hospitals at Crisis Point. Say Nurses"]

[Text] Staffing levels and overcrowding in most of the country's hospitals have reached such a crisis point that many patients are receiving a horrifically low level of care, nursing leaders have claimed.

And it was also claimed that one-third of the country's general nurses are over the age of 40, with many of them over the age of 60.

This claim was made by two members of the board of An Bord Altranais, the nurses' representative organisation.

Pat Evans and Kay Cullen, who are seeking re-election to the board when the elections take place on 26 July, called for an immediate review and overhaul of nursing facilities here.

"We have come across many cases where nurses who are nearing retirement are in situations where they have had no access to further training or technology," said Ms. Cullen of University College Hospital, Galway.

Overcrowding in wards is so bad that on 32 to 45-bed wards, up to 10 extra patients are being cared for in the corridors by the same ward staff, Ms. Cullen said.

The shortage of staffing levels is so severe that staff in many hospitals are unable to provide "even a basic acceptable level of care" for patients, she said.

The Department of Health was also attacked for its failure to introduce mandatory post-graduate training for nurses.

"The Department of Health has totally abdicated its responsibility for training its employees," said Pat Evans, of the Regional Hospital, Cork.

Bonamia Disease Threatens Galway Oysterbeds

91WE0492 Dublin *IRISH INDEPENDENT* in English
12 Jul 91 p 9

[Text] The future of the famous Galway Bay oyster could be put in jeopardy by an outbreak of the highly contagious Bonamia disease which has struck in the Clarenbridge area.

The outbreak has sparked off demands for more stringent restrictions on the movement of oysters, one of the main causes of the epidemic.

The Department of the Marine described the outbreak as minor, involving just one grower.

However the regional manager of the Western Regional Fisheries Board, Michael Kennedy, said it was of a much more serious nature and could have major implications.

"New controls have to be put in place to restrict movement and fishing of oysters, otherwise this could be disastrous for the Galway Bay oyster," he said.

"There is no doubt that this outbreak has the potential to jeopardize the Galway Bay oyster," he added.

Bonamia disease is caused by a microscopic organism, which destroys blood cells in oysters, leading to their weakness and eventual death.

There is no danger to the public from eating Bonamia infected oysters.

A Department of the Marine spokesman said it was most probable the disease was spread through the illegal importation of oyster spat, the spawn of the oyster.

Status of Bovine Tuberculosis

91WE0496A Dublin *IRISH INDEPENDENT*
in English 23 Jul 91 Supplement p 1

[Article by Frank Mulrennan: "Bovine TB 'Will Never Be Ended'"]

[Text] Bovine TB will never be eradicated in this country, the board of ERAD [expansion not given] has been told, and the best option is likely to be containment of the disease at close on 40,000 reactors removed per annum.

And up to 10,000 of those reactors could be false positive readings because of inadequacies with the current tuberculin test.

This depressing scenario was presented to last week's ERAD board meeting as a discussion document from ERAD Director Dr. Liam Downey following a cost/benefit analysis of the scheme by UCD's Prof. Seamus Sheehy.

It came as ERAD was embarking on a part-privatisation of the entire scheme by allowing farmers with clean

herds to arrange with their own vet for cattle testing this year once the local DVO has given the OK.

This concession follows the breakdown of ERAD/Irish Veterinary Union talks to overhaul the entire scheme and avail of £30m in EC funding over three years (see pages 8 and 9).

What is likely to happen in the future is that ERAD will allow the round test to be done by the farmer's own vet with ERAD stamping a license to trade if no reactors are found.

But ERAD's own vets would carry out all pre-movement and clearance tests with any failures leading to the withdrawal of the license to trade.

However the combination of a tuberculin test—which throws up 10,000 false positive readings in the 10m national tests—delays in computerising the scheme and the on-going wildlife problem, means that the most cost effective option is likely to be that of taking out 40,000 reactors each year for the future.

Last year 50,000 reactors were removed and the current national disease status is one of 93 percent of herds and 99 percent of animals free of disease.

Tests Show TB-Infected Cows Remain in Herds

91WE0490 Dublin *IRISH INDEPENDENT* in English 5 Jul 91 p 9

[Article by Geraldine Collins: "Cattle Testing Fails to Find Reactors"]

[Text] A random sample of cattle herds which had been tested and declared clear of tuberculosis showed that a maximum of 17,600 TB-infected animals were not removed from herds in 1989, the Joint Oireachtas committee of Public Accounts was told.

The sample was carried out by Department of Agriculture vets on herds that had already been tested and cleared by private veterinary surgeons.

An analysis of the results of the random sample, when compared with the results by the private veterinary testers, showed that a minimum of 6,300 and a maximum of 17,600 animals with TB infection slipped through the tests.

The total cost of the eradication scheme up to the end of December 1989 was £451.4m, the Secretary of the Department of Agriculture Mr. Michael Dowling told the Dail Public Accounts Committee.

The Comptroller and Auditor General Mr. P.L. McDonnell said that in 1988 a total of 1,253 cattle which were shown on post-mortem examination to have been infected with bovine TB had come from herds which had been declared clear of the disease.

He said that a total of 4,500 infected animals could be expected in a total of 1.2 million cattle.

Mr. Dowling said the report showed some evidence of careless testing.

- Irish Veterinary Union general secretary Peter Dargan last night rejected suggestions that infected animals had been cleared by vets.

"We had between 10,000 and 15,000 false positives last year. Do they want us to double this and bankrupt farmers?" he asked.

He urged the Department to use its vets to identify the source of TB rather than to test.

PORUGAL

Latest Statistics on Infectious Diseases

91WE0485A Lisbon *DIARIO DE NOTICIAS* in Portuguese 24 Jul 91 p 15

[Excerpt] A number of the 44 reportable infectious diseases affected 489 men and 350 women throughout the country, including the Autonomous Region of Madeira, in May, according to a source in the General Directorate of Primary Health Care. The same source said that compared to April, when 582 individuals were infected, that represented an increase of 257 individuals.

Data supplied by the general directorate indicate that the reportable disease showing the largest increase was hepatitis in its various forms, with the Leiria District heading the list, followed by Braga, Lisbon, Porto, and Coimbra.

Another disease that also increased significantly was brucellosis, which is caused by ingesting contaminated milk or soft cheese made with contaminated milk. In this instance the Guarda District was the leader, followed by Viseu, Castelo Branco, and Vila Real. Infectious parotitis (mumps) also increased, chiefly in the Leiria District. Gonococcal infections (venereal diseases) also rose slightly, with Lisbon occupying first place in this regard, while German measles, a disease which can have negative effects on the mother in the first few months of pregnancy and may cause malformations in the fetus, affected 62 people in May, or 23 more than the month before. [passage omitted]

UNITED KINGDOM

Woman Dies From Effects of Mad Cow Disease

91WE0509A London *THE DAILY TELEGRAPH* in English 7 Aug 91 p 7

[Article: "Woman Died of Human BSE After Operation"]

[Text] A woman died from a rare human form of mad cow disease, implanted in her brain by surgeons, an inquest heard yesterday.

Miss Pauline Nuttall, 45, was undergoing an operation to remove a benign tumour. Doctors accidentally used brain tissue from an infected person to fill the resulting hole in Miss Nuttall's head, the court at St. Pancras, north London, was told.

Eight years later she began having sight problems, her speech became slurred and she was unsteady on her feet. Miss Nuttall had Creutzfeldt Jacob's disease, the human equivalent of bovine spongiform encephalopathy. There is no known cure.

Prof. Leo Duchen, of the National Hospital for Neurology in Queen Square, Bloomsbury, where her operation was carried out in 1983, said procedures had since been changed.

He said: "Brain tissue from another person was dried and disinfected by methods we thought then would completely sterilise it. Unfortunately, the disease is very resistant and survived."

The professor said the sterilising fault had been found and steps taken to ensure it never happened again.

Dr. Douglas Chambers, coroner, recorded the rare verdict of death by therapeutic misadventure.

Dangers of Disease From Rat Infestation

91WE0494A London *THE SUNDAY TELEGRAPH*
in English 4 Aug 91 p 6

[Article by David Lovibond: "Pest Controllers Lose the Rat Race"]

[Text] Tourists are not the only hordes on the move this summer. Britain is facing a population explosion of rats.

Figures from the Institution of Environmental Health Officers show a 25 percent increase with some parts of the country, notably East Anglia, experiencing a growth of over 40 percent.

Rats may seem an anachronism from Victorian and medieval times, and although there may be little danger of a recurrence of the Black Death, the infestation is a serious risk to public health.

Weil's Disease, which is carried in rats' urine and can be transmitted to people through cuts and abrasions, has proven particularly dangerous to water sports enthusiasts and anglers.

Mr. Graham Jukes, the institution's under-secretary, says the number of mild, wet winters has been the chief cause of the growth in rat numbers. "Young rats that would have died off in cold weather were able to survive."

Other factors include changes in agriculture which may have reduced the number of predators such as barn owls, stoats, foxes and rooks, that in past have accounted for some of the 1,000 offspring a pair of rats can produce in a year.

But Melinda Appleby, of the National Farmers Union, insists the failure to control town rats is the main problem, with fly-tipping, litter, demolition sites and especially ageing sewers encouraging them.

Mr. Jukes is concerned that financial cuts are preventing district councils from controlling rats: "Unlike street-cleaning, pest control is largely unseen and at a time when to be seen to be getting value for money is all that matters, budgets may be cut."

Farmers Warned of Bovine Leptospirosis

91WE0495A Leeds *YORKSHIRE POST* in English
20 Jul 91 p 8

[Article: "Disease Warning to Dairy Farm Workers"]

[Text] With recent surveys indicating that 60-70 percent of UK dairy herds are infected with bovine leptospirosis, Yorkshire dairy farmers, their families and staff could be at unnecessary risk of contracting the disease.

Bovine leptospirosis is a significant zoonotic disease which is transmissible to humans and is often misdiagnosed in the farming population.

Dr. Sheena Watkins, previously Director of the National Reference Laboratory for Leptospirosis, believes the organism responsible for causing the bovine form of the disease is a significant threat to people working with cattle.

She bases her comments on research of 2,000 farmers and their families on 500 farms. Blood samples revealed 11.4 percent had significant antibody levels to *Leptospira hardjo*, the organism that causes bovine leptospirosis.

"Dairy farmworkers are most at risk since the organism causing leptospirosis is present in cattle urine. During milking in particular, workers come into contact with urine in the cowshed."

"There is, however, no risk from drinking milk," she emphasises.

"Infection with *L. hardjo* can lead to severe meningitis and, in some cases, if not treated early in the infection, to a chronic variety which is very debilitating for the farmer."

"They have aches and pains in their joints, depression, and are just generally unable to get their act together—and that can be economically disastrous for those suffering from the disease."

Zoonotic diseases now come under the Control of Substances Hazardous to Health regulations (COSHH) introduced in October 1989.

These regulations put the onus firmly on livestock owners to take adequate precautions to ensure their families and staff are not put at risk from farm hazards.

An agricultural inspector with the Health and Safety Executive (HSE), Ms. Liz Widdowson believes "we must get a firm grip on bovine leptospirosis. The people most at risk from the disease are farmworkers, vets and abattoir workers," she says.

"Under the COSHH regulations a farmer is obliged to assess the risks and take effective husbandry measures.

The farmer, she says, should also include considering vaccinating the herd against leptospirosis. To help, he should seek advice from his vet, ADAS and the Health and Safety Executive on all these measures.

According to the HSE, the true implications of the COSHH regulations as far as leptospirosis is concerned do not seem to have been fully realised.

A lot of farmers still do not appreciate that the basis for leptospirosis control has developed from an economic need to one of legality.

The onus is now on all herdowners to establish the disease status within their herds and to take steps to control the risk it presents.

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